MARYLAND

Reg. Dist. No.

Frederick

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

Maryland

b. COUNTY

PLACE OF DEATH

Frederick

a. COUNTY

executed within 24 hours after death. Page

in filled campletely popers. after death. puo carbon g physician c remove carb offending pleose by the permit. GIN il ar attending physician. nis certificate has been signed use as the burial-transit permi and remayal, ATTENDING PHYSICIAN: The by the haspital ar attending ph detached for

requires that the death certificate be

may be retain TO FUNERAL page 3 show TO HOSPITAL VS A1S (4) 15M 9/58

ed by ...

0

1	RURAL ond give n	If autside corporate limits, wriearest town) ck-Rural-R.D.	c. LENGTH OF STAY IN Years	c. CITY OR	TOWN (If outside corp Frederick	porote limits, write Rt 		earest tawn)
(d. NAME OF HOSPI OF INSTITUTION Ball Ro	TAL (If not in haspital, give st ad	reet address)	d. STREET	Ball Road			e. IS RESIDENCE ON A FARM? YES NO
3. 1	NAME OF DECEASED (Type or print)	First BESSII	Middle LAVINA	ADA	OF.	0.4	bber 24,	1959
S. S	emale		MARRIED NEVER MARRIED OWED MODERN		6, 1903	9. AGE (In years bart birthdoy) yrs.	Months Days	Hours Min.
10a	. USUAL OCCUPATION	ON (Give kind af wark done king life, even if retired)	10b. KIND OF BUSINESS OR At Home	INDUSTRY 11. BIRTHP		country)	12. CITIZEN C	OF WHAT COUNTRY?
13.	FATHER'S NAME John	R. Thorpe		14. MOTHER	s MAIDEN NAME Hester Con	klin		
(Yes	WAS DECEASED EVE No. or unknown)	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 215-20-8253	Mr. Georg	ge L. Danne		st Main burg, Ma	
		ATH [Enter only one cause p ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	extine for (a), (b), and (c).]	acct	union		10	TERVAL BETWEEN NSET AND DEATH
	Conditions, if a gave rise to i couse (a), stating lying cause lost.	mmediote DUE TO	hu Canto	Jenal O	'axeolar.	Desir		2 34
CERTIFICATION	PART II. OT	HER SIGNIFICANT CONDITIO	ns <u>contributing</u> to deat	H BUT NOT RELATED T	O THE TERMINAL DISEA	ASE CONDITION GIV	EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING [] 206. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCC	URRED. (Enter nature	of injury in Part I or P	ort II of item 18.)		
MEDICAL	20c. TIME OF INJUI Hour a.m. p.m.	w	d. INJURY OCCURRED hile Not while work ot work	De. PLACE OF INJURY foctory, street, office	(Home, farm, ce bldg., etc.)	ity ar town)	(County	y) (State)
	21. I certify the alive an	not I attended the dec	257, and that d	eath accurred at		n the causes an (Street, city or town,	d an the da	the deceased the stated above DATE SIGNED
	PHYSICIAN'S NAME (Type)	J. G. Bourne,	0		erick, Mary			
	BURIAL, CREMATIC REMOVAL (Specify)	Oct •27,1959	22c. NAME OF CEMETE Bethel Cer			ATION (City, town, clascade,		(Stote) Maryland
	M. R. Etc	's signature chison & Son,	ADDRESS Frederick, Maj	ryland	DATE OCT. 2	110	STRAR'S SIGNAT	

PERSON STATISTICS

1000

THE STATE OF THE S nall and districts garon K . . gmgt Signature Statement Signature Statements also seems also also seems also seem the same of the later of the same of the s totale state in the second of the second hand-sall statestart! the contract the c DOMESTICS: . e Para

. . . Establecom = Non, Production, and as a model .

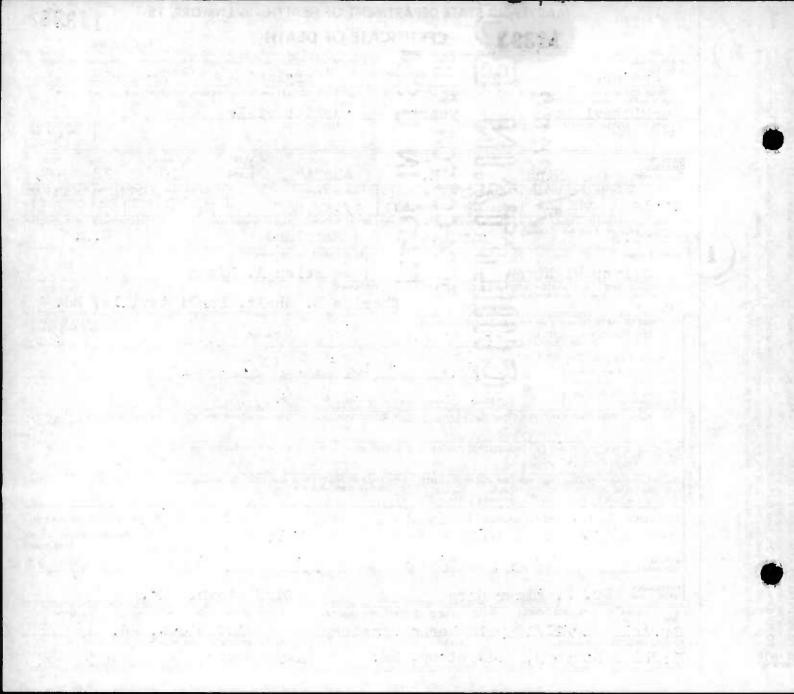
Orthung & Kraus

Reg. Dist. No.

	=											g		
		county reder	ick		MAR	YLAND	a. STATE Ma	ence (where y				esidence before deric		ssion)
		CITY OR TOWN (III	autside carporate limit	ts, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TO	OWN (If a	utside corpo	orate limits, writ	RURAL	ond give ne	arest tav	vn)
		Burkitts	ville	100	vears		X Burki	tts	rille					
X		d. NAME OF HOSPIT. OR INSTITUTION	AL (If nat in haspital, g	ive street o	address)		d. STREET AD	DDRESS					ON.	SIDENCE A FARM?
		NAME OF DECEASED	Fire	st	Middl	le	Last		4. DATE OF		lanth		ау	Year
	\vdash	(Type or print)	Nina		н.		Ahalt		DEATH		0	18		1959
	s. :	emale	6. COLOR OR RACE white	7. MARR WIDOWE			1/25/1			9. AGE (In year last birthday		nths Days	Hours	Min.
1	10a	. USUAL OCCUPATION during most of work	N (Give kind of work of ing life, even if retired)	lane 10b.						auntry)	1	2. CITIZEN O		COUNTRY?
*	1		ing life, even if retired)		own home		Mary					U.	S.	
1	13	FATHER'S NAME					14. MOTHER'S A							
			er Hightme	-				elen	A. H					
			R IN U. S. ARMED FORG If yes, give war or dates of se		SOCIAL SECURITY N		IFORMANT	A 2-	7.4		ddress	377	34.7	
		no			one		rles E.	Ana	alt,	BULKI	USV			
		18. CAUSE OF DEA	TH [Enter only one cou	use per lin	re for (a), (b), and (c).]	11		1			INT	ERVAL 8	DEATH
		2314	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)		lreber	al	Hen	w	ma	ge			5	Trus
		33/X	DUE TO		4.	0	at.	- (00.					
		Canditions, if an	n mediate (D)	ai	avance	el	vuen	0-1	Ker	esis				
		cause (a), stating t	he under-	17-10	is had:	two	previou	is Ate	322000	Lager	1			
	Z		ER SIGNIFICANT CON	1							GIVEN II	N PART 1(a)	19. WAS	AUTOPSY
0	1 X													ORMED?
	CERTIFICATION	20a. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY	OCCURRE	. (Enter nature of	injury in f	Part I ar Par	t II of item 18.)		1000		
				1		lee mi	or or willow in		200 (01)					
	MEDICAL	Hour a.m.	Month, Day, Yea	While	Nat while	fac	CE OF INJURY (Helary, street, affice l	bldg., etc.	, 20f. (City .)	ar tawn)		(County)		(State)
	×	p. m.	19	at wark	at work				16	1 0	600			
		21. I certify the	at I attended the	decease	-	18	1959,		Qa			t I last sa		
		alive on	C/ 18	_, 12	5_7_, and tha	t death	accurred at							
		ACTUAL	200		· d/	6	-	7	ADDRESS (S	treet, city ar to	n, state)	DA	TE SIGNED
1		SIGNATURE	y w	us)	r Hay	21	A.D	MA	cael	1000	7	10	-17	- 0/
1		PHYSICIAN'S I	or, J. Elr	ner 1	Harp			Mid	dlet	own,	Md.		m een sale een sale tale e	
	220	BURIAL, CREMATION REMOVAL (Specify)	N, 22b. DATE THEREO	F	22c. NAME OF CEA	METERY O	CREMATORY		22d. LOCA	TION (City, tow	n, or car	unty)	(Sta	ate)
		burial		959	Lutheran	Cem				dletor				700
		FUNERAL DIRECTOR'S		Mi a	ADDRESS	RAZ			D BY REGIS		GISTRAF	R'S SIGNATU	RE	
3	1	Hadhill	Company,	MITG	arecown,	MG.		DATEOC	T 21'5	9 (rthun	8 4		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4

VS A 1SM 9/SB



VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11000

1	1	3	3	7

	11000	CERTIFIC	AIE OF DEATE		Reg. Dist. N	lo.
o. COUNTY	ERICK	MARYLAND	O. STATE	here deceased lived. If inst b. COU		fare admission)
b. CITY OR TOWN (If of RURAL and give near FREDER)	A Ic	c. LENGTH OF STAY IN 16	C. CITY OR TOWN (IF C	PRIDGE	RURAL ond give n	neorest fown)
	(It not in hospital, give stree MEMORIAL	HOSPITAL	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	HARRY	THURNTEN	ANDERS	4. DATE OF DEATH	Month !	Day Year
M	W widow		8. DATE OF BIRTH OCT 7-187	9. AGE (In ye lost birthdo	ears IF UNDER 1 YEA ay) Months Days	
during most of working	(Give kind of work done 10bg life, even if retired)	FARMING	MARYLI	AND	12. CITIZEN	IS A
3. FATHER'S NAME WILLI	AM H A	NDERS	CLARISS	A CRE	AGER	
(Yes, no, or unknown)	N U. S. ARMED FORCES? yes, give war or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT ALICE STITE	LY LINION	Address BRIDGE	RURAL
PART I. DEATH	Enter only one couse per WAS CAUSED BY:	ine for (o). (b). and (c).]	Misimbosis		IN	NTERVAL BETWEEN NSET AND DEATH 10 lescus
Canditians, if any gave rise to imm couse (a), stating the lying cause lost.	nediote (terioschiotic &	ordiv Vascula	Musian	ró	several og so
Carcin	SIGNIFICANT CONDITIONS	& breeze	JT NOT RELATED TO THE TERMI			19. WAS AUTOPSY PERFORMED? YES NO
	CAUSE OF DEATH	SCRIBE HOW INJURY OCCURI	RED. (Enter nature of injury in I	Part I ar Part II of item 18.)	
20c. TIME OF INJURY Hour o. m. p. m.	While		PLACE OF INJURY (Hame, form factory, street, affice bldg., etc	, 20f. (City or town)	(Count)	y) (State
alive an	l attended the decea		th accurred at 61/5 /	M, from the cause ADDRESS (Street, city or to		saw the deceas late stated above
PHYSICIAN'S NAME (Type)	RNEST A	· DETTBARI	M.D. Mal	herevitte,	lacyl	Mct,13/
20. BURIAL, CREMATION, —REMOVAL (Specify)	22b. DATE THEREOF OCT 15-1959	22c. NAME OF CEMETERY MT HOPE	OR CREMATORY	22d. LOCATION (City, 100	wn, or county)	(State)
3. FUNERAL DIRECTOR'S S	IGNATURE 1 / /	ADDRESS Chidles	TANA DATECT		REGISTRAR'S SIGNATI	URE

			1353		
				No. of the last	
The second second					
					1-12
	Towns.			10 - 2	
	14 1 2 E				

ofter death.

the registrar priar ta burial, cremation, ar remaval, and in any event within 72 haups

page 3 shaula may be retain

VS A15 (4) 15M 9/5B

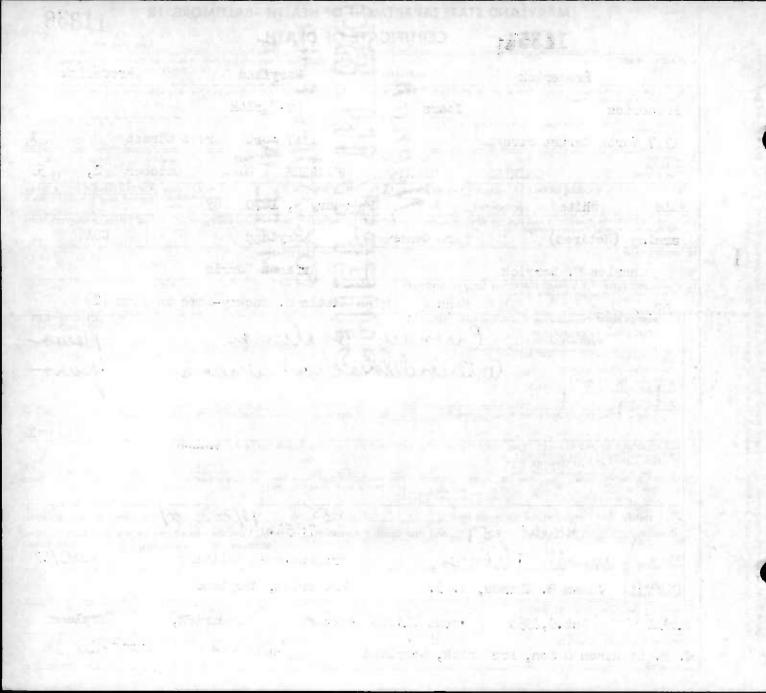
11338

11354

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	Frederick		MARYLAN	1	usual residence	(Where decease	ed lived. If institut b. COUNTY	-		rick	,
b. CITY OR TOWN (I RURAL ond give no Frederick		s, write	c. LENGTH OF STAY IN T	Ь	c. CITY OR TOWN	(If outside corporate of the corporate o		RURAL ond	give ne	arest tawr	1)
OR INSTITUTION	AL (If not in hospital, gi h Market St		ddress)		d. STREET ADDRESS		Market St	treet			FARM2
3. NAME OF DECEASED (Type or print)	Firs CHA	RLES	Middle HENRY		BARRICK	4. DATE OF DEATH	Moi Oct	tober	2		Year 19 59
5. SEX Male		7. MARRI WIDOWEI	ED NEVER MARRIED	3	bruary 9,	1870	9. AGE (In years 8 birthday) yrs.	IF UNDE Manths	R 1 YEAR Days	Hours Hours	R 24 HRS. Min.
during mast af wor	ON (Give kind af wark d king life, even if retired) Retired)	ane 10b. k	Farm Owner	NDUSTRY	· ·	tote or foreign o	country)	12. CI	TIZENO		OUNTRY?
13. FATHER'S NAME Charl	es W. Barri	.ck		1	4. MOTHER'S MAIDE Aria:	nna Nor	ris				
	R IN U. S. ARMED FORC (If yes, give wor or dates of se		None		RMANT Hattie M	. Bucke		ress 5 Ite	m #2		
Canditions, if a gave rise ta i cause (o), stoting lying cause last. PART II. OTH	mmediate the under- (c)	O)	JEVIN CL	BUT NO	i luar	t du	laie	VEN IN PA	RT 1(o)	19. WAS PERFO	RMED?
PART II. OTH 20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Haur a. m. p. m.	MEDICAL EXAMINER)			. PLACE	OF INJURY (Hame, i, street, office bldg.,	farm, 20f. (Cit			(Caunty)		(State)
31000	at I attended the Number of Inches B. The James B. The Inches Inc	decease	na, and that de		, 19 53 , to curred at 7:4 5 Professi	A •M, from ADDRESS (Sonal Bu	Street, city or town,	nd an th		e stated	
220. BURIAL, CREMATIC BURIAL (Specify)	Oct .5,195		22c. NAME OF CEMETER Mount Oliv				ATION (City, town, ederick,	ar county)		ylan	
23. FUNERAL DIRECTOR M. R. Etch:		Fred	ADDRESS erick, Maryl	and	24a. R DATE	OCT 6		ISTRAR'S S			



090

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFIC TE OF DEATH

			Dist.	No.	13	411
and described these	d 15 1alaal-	D	diam'r.	h = £ = = =	-4-1-1	

			94	CERTIF	ICAI	E OF DEATE			Reg. Di	st. No.		36 17
	PLACE OF DEATH o. COUNTY FT	ederick		MARYLA		USUAL RESIDENCE (Who o. STATE Maryla		d lived. If institution b. COUNTY			re odmiss	
	b. CITY OR TOWN (If outside corporate limit	s, write	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If o	utside corpo	prote limits, write R	URAL ond	give nec	rest town)
	Rural Mi	ddletown		7 month	SX	Rural M:	iddle	etown				
V	OR INSTITUTION	TAL (If not in hospital, gi ew Nursin				d. STREET ADDRESS					e. IS RES ON A YES	FARM?
	NAME OF DECEASED (Type or print)	firs M i n		Middle F	Bea	chley	4. DATE OF DEATH	Mon	10	Do	1	Year 1959
S.	SEX	6. COLOR OR RACE	7. MARR	HED NEVER MARRIED	☐ B. D	ATE OF BIRTH	11 331	9. AGE (In years	IF UNDER			
f	emale	white	WIDOWE	ED DIVORCED	X	9/26/1901		5 birthday) yrs.	Months	Days	Hours	Min.
10c	. USUAL OCCUPATION	ON (Give kind of work d	one 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (State	ar foreign o	country)	12. CIT	IZEN OF	WHATC	OUNTRY?
	housewi	king life, even if retired)		own home		Maryl	and			U.S	5.	
13.	FATHER'S NAME			7112 110210	1	4. MOTHER'S MAIDEN N			1.			
	Frank B	eachley				Cora Na	sh					
15.		R IN U. S. ARMED FOR	ES? 16.	SOCIAL SECURITY NO.	INFO	RMANT		Add	ress			
		(If yes, give war or dates of se	rvice)	none	Cha	rles Beach	hlev	. Middle	etown	a. Mo	1.	
MEDICAL CERTIFICATION	PART I. DEA Conditions, if o gove rise to i cause (a), stoting lying couse lost. PART II. OTH 20a. ACCIDENT WAO (IF EITHER, NOTIFY) 20c. TIME OF INJUR Hour o. m. p. m.	mmediate the under. HER SIGNIFICANT COND AS UNDERLYING CONDITION CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Day, Year	DITIONS C	CRIBE HOW INJURY OCC	Oe. PLACE foctory	OF INJURY (Home, farm, street, office bldg., etc.	Port I or Pa	rt II of item 18.)	That I lo	County)	PERFO YES	AUTOPSY RMED? NO [] (State)
	ACTUAL SIGNATURE	COY	E	Brie	M.D			itreet, city or town,				SIGNED

PHYSICIAN'S NAME (Type)

22b. DATE THEREOF

Talbott Brice

Jefferson

Md. 22d. LOCATION (City, tawn, or county)

22c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery

Middletown. Md. 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

23. FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL, CREMATION, REMOVAL (Specify)

Company, Middletown, Md.

DATE OCT 1 5 '59

arthur S. Kraus

(Stote)

page 3 shauld be the registrar priar TO HOSPITAL OR TO FUNERAL VS A15 (4) 1SM 9/SB

SI SIOMPO PLENO GENERALISMO and the little of Silvery of the the second of the second secon A F TOOL TO DO NOT THE PROPERTY OF THE PROPERT

	110	1.0
11395 MEDICAL EXAMINER'	S CERTIFICATE OF DEATH Reg. Dist. No.	4 1
1. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission	n)
Frederick MARYLAND	Maryland Frederick	
and give nearest lown)	V	
	d. STREET ADDRESS e. IS RESID	
East Main Street	Rost Main Street YES N	
3. NAME OF First Middle	Last A. DATE Manth Day Year	
(Type or print) Harry T B		59
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	DATE OF BIRTH 9. AGE III years IF UNDER 1YEAR IF UNDER 2	
111111111111111111111111111111111111111	April 8. 1905 54 ym.	
	RY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COL	UNTRY?
	Adams Co. Pa. U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1		
	23 0 () +-:	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL DETWEEN	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Ciente Cus	ebaltimortings mit	0
1422./ DUE TO 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	in land in the same	/_
gove rise to immediate couse	and the state of t	
[(o), storing the underlying		
	IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUT	OPSY
CATIC	PERFORME	0 0
20d. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (I		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form, 20f. (City or town) (County) (S bry, street, office bldg., etc.)	itate)
		d thot
deoth resulted from: Notural couses KI, Accident LI, Sui	ide, Homicide, Undefermined cause	
ACTUAL BOLLOWS	CHIEF MEDICAL EXAMINER DATE SIGN	ED
	ASSISTANT MEDICAL EXAMINER	
EXAMINER'S B.O. Thomas, M.D.	DEPUTY MEDICAL EXAMINER DOCtober 10.1959	
REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or county) (Slate)	
Burial Oct.12,1959 Mt. View		O.Mo
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Emmiteburg,		
	MEDICAL EXAMINER'S 1. PLACE OF DEATH O. COUNTY Frederick b. CITY OR TOWN If dustide corporate limit, write RURAL and give nearest level. Emittsburg d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) East Main Street 3. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Bast Main Street Male First Middle	1. PLACE OF PEATH D. COUNTY Prederick MARYLAND D. COUNTY Prederick D. COUNTY Prederick Maryland D. COUNTY Prederick D. COUNTY Prederick D. COUNTY Prederick D. COUNTY D. COUNTY

HERICAL EX VENERS CHRISTICALE OF DEPLI BINS W O. TORROLL SCHOOL STAR Brist, L goods Sie 1400 part of the common the last s

	ONATEAN.	muse un
		March Lydren Live
		Column and and and and and and and and and an
	that you have a second to be a second to be	17. I specify that I demoded the character to the charact
		ALL ALL ALL PRINCIPLE AND ALL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	TANG TO ST	CERTIFICA		
	TOTAL STATE			
The second of the second of the second		a minet lo alterna		
			THE RESERVE TO SERVE THE RESERVE THE RESER	
			ot see	
and the product of th	et 22 ti et 22 ti et birton		etiti in and made attachers t	- I yūma 1, ia - ia polis
	# .22 n 		SE - A	to II y Omea 1, 14 All profes
could be presented to be more order mark that the state of the state o	or did not be the second of th		SE - A	e II yema 1, ia na mila problema ante ma

M

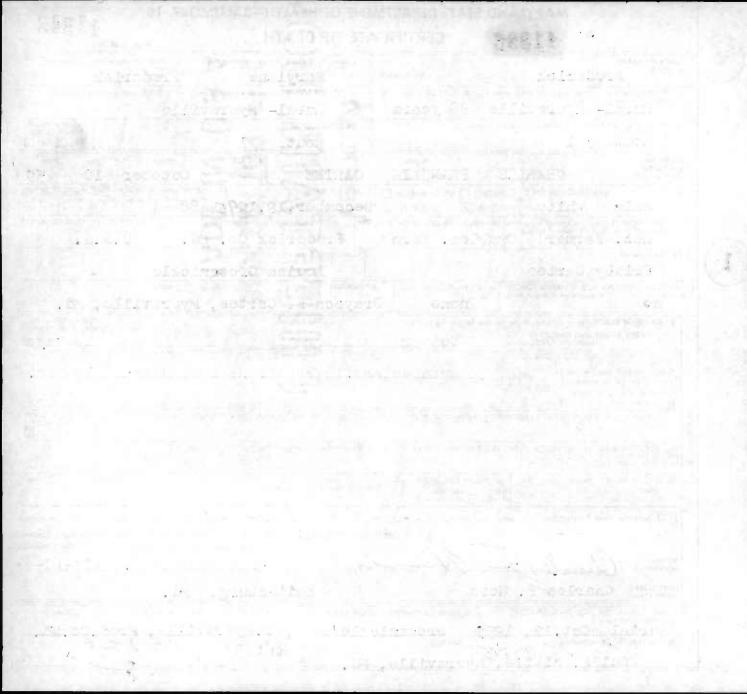
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11343

	113	96	CERTIF	-ICA	ATE OF DEAT	Н		Reg. D	ist. No		
1. PLACE OF DEATH o. COUNTY FT	ederick		MARYL	AND	2. USUAL RESIDENCE (Vo. STATE Mary)	Where deceased live	b. COUNTY			re admiss	ion)
b. CITY OR TOWN (I RURAL and give a Rural	f outside corporate limits, earest town) — Myersvi		88 years		c. CITY OR TOWN (If	outside corporate Myers		URAL and	give ne	arest town	1)
d. NAME OF HOSPIT OR INSTITUTION ROUTE	AL (If not in hospital, aiv		ddress)		d. STREET ADDRESS Route	# 1	4 - 17				IDENCE FARM?
3. NAME OF DECEASED (Type or print)	CHARL	ES	Middle FRANKLIN	V	CARTEE	4. DATE OF DEATH	Oct	" ober	Do	_	Year 1959
5. SEX male	6. COLOR OR RACE	MARRIE	TIC		B. DATE OF BIRTH December,1	97,1970	GE (In years ost birthday) 8 yrs.	IF UNDE Months	R 1 YEAR Doys	Hours	R 24 HRS. Min.
during most of work	king life aven if retired)		nd of Business or Gen. Fart		Frederi		* -		S.		OUNTRY?
13. FATHER'S NAME Frist	y Cartee				14. MOTHER'S MAIDEN	NAME a Gross	nickle	9			
	R IN U. S. ARMED FORCE (If yes, give war or dates of serv		none		rayson F.	Cartee,	Myer		le,	Md.	Neis Neis
Canditions, if a gove rise to i couse (a), stating lying couse last. Part II. OTH	mmediate the under- (c)_	TIONS CO		cle	hemnorrhag rotic card	iovascu				10 y	ays rs.
(IF EITHER, NOTIFY	AS UNDERLYING 2 CAUSE OF DEATH MEDICAL EXAMINER)	0b. DESCR	IBE HOW INJURY OC	CURRE	D. (Enter noture of injury in	n Port I or Port II c	f item 1B.)			YES	
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Doy, Year	While	URY OCCURRED 2 Not while of work	20e. PL/ foo	ACE OF INJURY (Hame, fai tory, street, affice bldg., e	rm, 20f. (City or t	own)		(County)		(State)
alive an	latended the control of the control	. 19	Alan		57, 19, to_ occurred at3:30 M.DSmit		causes an	d an th		stated	
220. BURIAL, CREMATION REMOVAL (Specify) Burial 23. FUNERAL DIRECTOR	Oct.12.	1959	22c. NAME OF CEMET Gross ABDRESS	nic	R CREMATORY	22d. LOCATION	ville	Fr	red.	(Stote	

Bittle, Myersville

TO FUNERAL TO HOSPITAL VS A15 (4) 15M 9/5B



M

11344

Reg. Dist. No.

_				keg. Dist. 140.					
1. [PLACE OF DEATH O. COUNTY	rederick	MARYLAND	2. USUAL RESIDENCE (l. If institution: b. COUNTY		fore odmission) erick	
	b. CITY OR TOWN (RURAL and give a	If outside corporate limits, write earest town) Ont rural	50 yrs.		f outside corporate li	mits, write RUR/	_	earest town)	
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give street Own home	et address)	d. STREET ADDRESS	Leo Z			e. IS RESIDENCE ON A FARM? YES NO	
- 1	NAME OF DECEASED (Type or print)	William Elme	er Clabaugh	Last	4. DATE OF DEATH	Octob		Pay Year 1959	
5. 9	male	- 1- 24	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Dec. 14,	1881 7		UNDER 1 YEA Nonths Doys	Hours Min.	
10a	USUAL OCCUPATION Orchard	ON (Give kind af work done 10 king life, even if retired)	Own Farm		te or foreign country ylvania		U.S	• A •	
13.	FATHER'S NAME	m 01 1		14. MOTHER'S MAIDEN					
	-	E. Clabaugh			abeth	Hoke			
15. Ye	NO DECEASED EVE	R IN U. S. ARMED FORCES? 1. [If yes, give war or dates of service]		rs. Carrie	A. Caab	augh			
7	Conditions, if o gove rise to i couse (o), stoting lying cause lost.	mmediate the under- CC (c)	arluma	of the st	ladder			NSET AND DEATH	
TIFICATION	Mae 20g. ACCIDENT W	AS UNDERLYING D 206, D	SCONTRIBUTING TO DEATH BUT	e avr	ta		I IN PART I(d)	PERFORMED? YES NO	
CERTI	(IF EITHER, NOTIFY	MEDICAL EXAMINER)							
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Whil		ACE OF INJURY (Home, fo tory, street, office bldg., a		wn)	(County	(Stote)	
	ACTUAL SIGNATURE	ames K. Gray	gray and that death	accurred at 6		causes and	an the dat	tw the deceased te stated abave DATE SIGNED	
		226. DATE THEREOF 10-24-59	22c. NAME OF CEMETERY O		22d. LOCATION (county)	(Stote)	
23	TONIERAL DIRECTOR	Creager	ADDRESS Thurmont, Md	24a. RE	C'D BY REGISTRAR	24b. REGISTR	AR'S SIGNATI	JRE	

		ACHINES THE RE	1139	
Fraderick	bustyres		Mo Excebert?	
CJ#I	a transmit	.ary 50 yrs.		
			amod mes	
oor 21 50	[od=0]		dilliam si	
	rc. 1. 1891 77	X	e dinu	of the
	Frinsplyings		e i tur	iono I
	mien stedmalia	de	carch E. Clabac	37.
	nguedilo eim o	44 6565-08-688		0
12 Miles		Carra Co		
			- A31-702 S	
Bielytz	CHES.CT. Thursday, 1	Thurmont, St.		

FOR STATE HEALTH DEPT.

X

Poge files.

000	101	5	0	
ces	re	7	PLO	
20	P	e	00	
1 35	67.0		1	÷
0	5	ō	010	8
ŏ	0	0	0	7
Shy	4	be	유	ffe
<u>+</u>	3 10	0	it.	2
2	D	E	2 4	50
eat	0	9	P	2 4
0	2,	Pool	ō	2
fle	5 1	-:	25	ithi
2	96e	X	960	3
50	9	E	a	E G
4	Ye	0	File	8
2 2	0	4	٦.	E C
12	00	`₹	E	
3	E	C	Per	P
ed	i e	90	-	ō
DO:	.=		Suc	rol
ex	75	E.	-17	OF
8	5	*	io.	0
0	6	· L	90	0
HOL	:	Sign Contract of the Contract	0	S.
6)	ing	XO	0	3410
COS	pu	F	sed	E
E.	a	00	10	CT
Cer	P	led	P	of,
Sis	0	2	Pin	5
Ë	0	hie.	ho	P
8	1	Ū	3	1 10
Z	in C	the	96	0
A	事	0	0	ā
X	40	P	2	an i
-1	0	P	TO	60
2	HE	M	EC	P
6	- Par	ä		0
ξ	0)	42		gn
1	40	P	K	des
7	5	00	Z	fs o
Ö	xe	Sh	7	1 on
9	0	4	0	or its designated agent, prior to burial, cremation, or removal, and in any exent within 72 hours after death.
ve	A	15	TO FUNERA. RECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Cord of	
5	execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director	2/5	7	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11345

							Keg. Dis	1. 140.		
1. PLACE OF DEATH COUNTY F	rederick	MARYLA	2. USUAL RESID		re decessed liv	ed. If institut b. COUNTY	-		eric	
b. CITY OR TOWN (III and give nearest town Brunswic		c. LENGTH OF STAY IN Hours	1b c. CITY OR T		of Roc		RURAL and	give ne	orest law	n)
	& Ohio Railr	t in hospital, give street oddress) oad Yards	d. STREET AD	DRESS						SIDENCE FARMS NO
3. NAME OF DECEASED (Type or print)	First THOMAS	Middle WALTER	CLEVEN		DATE OF DEATH	Month	_	Day	Yes	
5. SEX Male	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED			. last	E [In years pirthdoy]	IF UNDER 1	YEAR	IF UNDER	
10a. USUAL OCCUPATION during most of working Brakeman	ON (Give kind of work done ng life, even if retired)	10b. KIND OF BUSINESS OR INF					12. CITIZ	EN OF	WHAT C	OUNTRY
13. FATHER'S NAME The	omas Walter C	levenger	14. MOTHER'S M		ıla Har	desty				
15. WAS DECEASED EV IYes, no. or unknown) No	ER IN U. S. ARMED FORCES (If yes, give wer or dotes of service		7. INFORMANT Mrs. Melv	a Clev	enger	Address (Same	as it	em	#2)	
PART I. DEA		DECAPITATION						MI	NUTE	Š
Canditions, if a gave rise to immedial, stating the couse last.	diale cause DUE TO	CRUSHED CHEST								
2		ONS CONTRIBUTING TO DEATH B	UI NOT RELATED TO T	HE TERMINAL	L DISEASE CON	IDITION GIVE	EN IN PART		PERFOR	
	USE WAS NTRIBUTING THE TELEPISION TO THE TELEPISION THE TELEPISION TO THE TELEPISION THE TELEPISION TO THE TELEPISION TO THE TELEPISION TO THE TELEPISION TO THE TELEPISION THE TELEPISION TO THE TELEPISION THE TELEPISION THE TELEPISION THE TELEPIS	escribe how injury occurre Ll Beneath Movir			or Part II of ite	m 18.)				
20c. TIME OF INJU	70 70 60		PLACE OF INJURY (He foctory, street, office builroad Yar	olda etc.) !	20f. (City or to Brunsw		(Covn		aryl	(Stote)
		the remoins described out of couses . Accide		press	Inspemicide,		Inquiry mined m		promp	l in my
ACTUAL SIGNATURE	BOThe	mers	m.b.	DICAL EXAM	INER EXAMINER				DATE SIG	GNED
11,110	B. O. Thomas		DEPUTY A	MEDICAL EXA			12 0	ct	1959	
220. BURIAL, CREMATIC REMOVAL (Specify)	10-13-59	St. Paul's		220	Point			ryl	(Slote)	
23. FUNERAL DIRECTOR M. R. Etc		Frederick, Mary		ALTE OCT	Y REGISTRAR	24b. REGIS	TRAR'S SIGN	NATURE	E.	

Discording To The THE NAME OF THE PARTY OF THE PA of the fill during present the parties Charles and a second of the se 500 72 62 TO TO MALE VIOLENCE BY management appropriate or the second The second secon

22c. NAME OF CEMETERY OR CREMATORY

240. REC'D BY REGISTRAR

e. IS RESIDENCE ON A FARM?

Hours

Day

YES NO

Year

PERFORMED? YES NO

(State)

DATE SIGNED

(Stote)

24b. REGISTRAR'S SIGNATURE wisher & Though 195

FUNER 3

220. BURIAL, CREMATION,

EMOVA (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE

		at the fact we extend		
				A THE REAL PROPERTY.
			The same is	1A 8.500
THE STREET WHAT I SHOW IN THE OWNER.	The state of the s			
				Her ft
	The special control of the second			
		Physical Physics		
				100 M 100 M
				100 (100 1101 100 (100 1101 100 (100 1101 1101
				Puca sur
	TO THE REAL PROPERTY.	Amp CACCION		
	The state of the s			
	4 40			
an Silen, and will an Silen Japanon In 1993	el - All Days to believe (46-40)			in a le
	The second second			PHAIDINING

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

		1139	2	CERTI	FICAT	E OF D	EATI	Н		Reg. D	ist. No.	11:	347
1.	PLACE OF DEATH	lerick		MARY		CTATE	ence (W		d lived. If institution b. COUNTY	on: Reside	nce before	re admiss	sion)
	b. CITY OR TOWN (IF RURAL ond give nec	outside corporate limi rest town RD#2	s, write	c. LENGTH OF STAY 7 Years	IN 1b				rote limits, write R 1ral RD#2		give nec	arest town	n)
	d. NAME OF HOSPITA OR INSTITUTION Near Urbana	kk (If not in haspital, g	ive street	address)		d. STREET AL		rbana		ŧ.,		e. IS RES	SIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)	FORF		Middle DOFFL		Lost OVELL		4. DATE OF DEATH	Man	tobe:	r 21	,	Year 19 59
5.	Male Male	6. COLOR OR RACE White	7. MARR	NEVER MARRI	7	Sept J		es i	9. AGE (In years last birthdoy)	IF UNDER	R 1 YEAR Days	Hours	ER 24 HR Min.
10	during most of working Retired—Be	N (Give kind of work on the life even if retired to Keeper	lone 10b.	KIND OF BUSINESS O			CE (State		ountry)		TIZEN OF	WHATC	OUNTR
	Jonathan F	. Covell			1	4. MOTHER'S					2	15	
15	(es, no, or unknown)	IN U. S. ARMED FOR f yes, give war or dates af s	CES? 16.	SOCIAL SECURITY NO None		RMANT Lola F	R. Co	vell (Same as		#1)		
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO y, which (b) mediate (DUE TO	Chr.	ne for (a), (b), and (c).	Bns	e Va	aser	len	Desca	el-		ERVAL BE	
CERTIFICATION	PART II. OTHI	UNDERLYING []		CONTRIBUTING TO DEA						EN IN PA	RT 1(o) 1	9. WAS PERFO YES	DRMED?
MEDICAL CER		AEDICAL EXAMINER)	r 20d. It While of wor	NJURY OCCURRED Nat while k of work	20e. PLACE factor	OF INJURY (H y, street, affice	lome, form bldg., etc	n, 20f. (City	or town)		(Caunty)		(Stat
	ACTUAL SIGNATURE	JBeun	195 re	Z, and that	death a	30 W	11:20 . All		the causes an	d an th		stated	d abay
2.	Pa. BURIAL, CREMATION BURIAL (Specify)	1. G. Bourn 10-24-59	F	22c. NAME OF CEMI Mount Ol:		REMATORY		22d. LOCA	TION (City, town,			(Sta	te)
23	. FUNERAL DIRECTOR'S M. R. Etch	SIGNATURE	- 3-	ADDRESS ederick, Ma			24a. REC	D BY REGIST	TRAR 24b. REGI		IGNATUI		

DATEOCT 2 3 '59

Cirching S. Kraces

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Poge 4 Pages 1 and 2 should be filed with by the haspital ar attending physician. Then please remove carbon popers. to burial, cremation, or remaval, and in any event within 72 hours after death detached far use as the burial-transit the registrar prior page 3 should moy be retoi

e funeral director,

VS A15 (4) 1SM 9/58

a Sulv Hor LIBORY TANK and the contraction I Service Line Congress and a service THE THE ALL LAND Mary 1 co. Catamara am Toland . Internal . Catamara . Committee . El Oute had Bearlow Description 2.8 2.01 2 3.5 was an arranged to the way of the second of of thereward to . . . Company of the second of the s Head Services from a service of the

LOHOL - BAREL STREET ST. STELLES TO ALETE TO THE

FOR STATE HEALTH DEPT

DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessory, please xecute the certificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page should be warded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained by your files. FUNERA RECTOR: page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Control of Pfeath, files are designated agent, prior to buriols, cremation, or removal, and many exemptivalitin 72 hours after death. or its designated agent, prior to burial, cremation, or removal, and in any ever

5	0	5
¥5.	A1	5ME
51	A 2/	57

11349 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea Dist No.

1. PLACE OF DEA	тн 11400				2. USUAL RESIDENCE (
	Frederick		MARY	LAND	o. STATE Ma	ryland	b. COUN	Fre	eder	LCK
and give near	WN lift outside corporate fimits, write ast town) ck Heights	• RURAL	E. LENGTH OF STAY	IN 16	c. CITY OR TOWN (I		orote limits, write Heights		give ne	prest town)
	ospital or institution (If not in hosp	pital, give street address	s)	/d. STREET ADDRESS	ryland	Avenue			e IS RESIDENCE ON A FARMS YES NO TO
3. NAME OF DECEASED (Type or print)	Fir EVEI		Middle PAULINE		DEMCHAK	4. DATE OF DEATH	Octo	-	Doy 13,	Yeor 19 59
5. SEX Female	6. COLOR OR RACE White	7. MARRIE	DIVORCED		DATE OF BIRTH	1	9. AGE (In years lost birthday) 38 yrs.		IYEAR Days	Hours Min.
during most of	JPATION (Give kind of work working life, even if retired)	done 10b. K	At Home		11. BIRTHPLACE (Stote		ountry)		SA.	WHAT COUNTRY?
13. FATHER'S NA	ME Lark W. Boone				4. MOTHER'S MAIDEN Nelli	NAME e Lare				
15. WAS DECEAS [Yes, no, or unknown) No	ED EVER IN U. S. ARMED FO		social security no. Unk	2	ORMANT Peter Demo	hak, S	Addres		2	
gove rise to (a), stating cause last.	if ony, which immediate couse the underlying DUE TO (c)	ANTERITING TO DE AT	H BIIT NO	IT OFFIATED TO THE TEDA	AINA1 DISEASA	CONDITION C	VENI INI DAD	T 1(-1/10)	WAS ANTORSY
2					er nature of injury in Pa			YEN IIN YAR		PERFORMED?
20c. TIME OF	EATH.	or 20d. I	NJURY OCCURRED 20	Oe. PLACE	OF INJURY (Home, for y, street, office bldg., etc	m. i 20f. (City		(Cou	unty)	(State)
21. I certi	fy that I taok charge eath resulted fram:	e of the r	remains described	_			_			and in my
ACTUAL SIGNATURE	Bother	ne	2-		M.D. CHIEF MEDICAL E	MC COLUMN	· 🗆			DATE SIGNED
EXAMINER'S NAME (Type	B. O. Thom		D.		DEPUTY MEDICAL	EXAMINER A	j		1	0/14/59
220. BURIAL, CRE REMOVAL (S Burial	MATION. 22b. DATE THEREO		Mount Hope			The second second	TON (City, town,	or county)		(Stote) Maryland
	ector's signature tchison & Son	, Fred	ADDRESS derick, Mar	yland		OT 1 5 '5		ISTRAR'S SIC		

BI BROWILLAS-HITLASHED BEINTRARN BIATE SMALL HAM Erradook Balaka The state of the s The second discountry and the second of April yas to District See January (September 1987) THE STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY. The second state of the second PARTY TO THE PROPERTY OF Con T. The Board of the Control of the Control d. . . Lestings you, tredgrack, larging AND THE REAL PROPERTY.

17. INFORMANT

c. LENGTH OF STAY IN 16

40 years

Middle

DIVORCED |

10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country)

None

None

11350

e. IS RESIDENCE ON A FARM?

YES NO THE

Year

19 59

Reg. Dist. No.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Month

Address

October

9. AGE (In years last birthday)

Frederick

510 Valley Street

4. DATE

DEATH

Christiana Buckingham

d. STREET ADDRESS

October 17, 1888

Maryland

Mrs. Elizabeth Shade

14. MOTHER'S MAIDEN NAME

Frederick

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

U.S.A.

12. CITIZEN OF WHAT COUNTRY?

20

Frederick, Maryland

,	marks a	ı
٠,	M	ı
3		ı
ed		ı
三	0	1
0		н

PLACE OF DEATH

b. CITY OR TOWN (If outside corporate limits, write

d. NAME OF HOSPITAL (If not in haspital, give street address)

White

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO

during most of working life, even if retired)
HOUSEWITE

John David Shankle

No

OR INSTITUTION PROPERTY Memorial Hospital

6. COLOR OR RACE 7. MARRIED NEVER MARRIED

WIDOWED D

RURAL and give nearest town).
Frederick

o. COUNTY

NAME OF

DECEASED (Type or print)

Female

13. FATHER'S NAME

No

Page

death.

within 24 haurs after

after ease remave c

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

eas			18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN
atte in pl			PART I. DEATH WAS CAUSED BY: Congestive Went Frenchere	ONSET AND DEATH
d by the nit. The			Conditions, if ony, which) (b) Penalism stis	1 wech
n signer and in c			gove rise to immediate couse (o), stating the under-lying couse lost. DUE TO Counte Cyptitio	3 weekn
nas bee rial-tran	2	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART A STETAL Sclewis Spinel Cond	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
ficate the the trem		CERTIF	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
this certi r use as ematian		MEDICAL	20c. TIME OF INJURY Month, Day, Year Not while at work at wore work at	ounty) (State)
: After ched fo urial, cr			21. I certify that I attended the deceased fram FL 12, 1959, to Oct 20, 1959, that I lo alive on 6 of 20, 1959, and that death accurred at 45 PM, fram the causes and an th	
CTOR deto			ACTUAL SIGNATURE M.D. 4 LS est Third St	DATE SIGNED
shau strar pr	1		PHYSICIAN'S Thomas E. STONE	
FUNE page 3		220	Burial Cremation, 22b. Date thereof 22c. Name of Cemetery or Crematory 22d. Location (City. town, or county) Burial 10-23-1959 Mt. Olivet Cemetery Frederick, Marylar	(State) 1d.
A15 (4) A 9/55	12	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frederick, Maryland Date OCT 2 3 '59 Continuo S.	
	A.			

A Mark of the second	TE OF DEATH		
A THE RES	Scales	Burn	ierate:
		o trought	
Section 1		n as is	
	ę	Contra to Art Delman	A TOTAL CONTRACT
angahay	own and digue at republishment		
Sundayers of the product of the			
			Or No. 2
		The second server	and the many than a
	The Salvery Courts and Salvery to broom		A plitate of Later tale of
	7.72.72	25.0	T was a series of the series of
		NO 27 2 3	
			mulation portion and a

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

AND THE PARTY OF T and the state of the state of the state of the state of the second of th

1	1	2	5	9
	Ji.	01	U	64

CERTIFICATE OF DEATH

1	1	\mathbb{R}	5	2
1	-dla	0,1	0	f'a

	11	401	CEKTIFIC	CAIL	OF DEAT			Reg. D	ist. No		
PLACE OF DEATH o. COUNTY Frederick MARYLI					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission: STATE b. COUNTY Frederick						
	(If outside corporate limi	ts, write	LENGTH OF STAY IN I	16	c. CITY OR TOWN (If	outside corpo	rate limits, write R	URAL ond	give ne	arest taw	m)
	iddletown TAL (If not in hospital, g		vears	X	Rural Mi	ddlet	own				
d: NAME OF HOSPI OR INSTITUTION	TAL (If nat in hospital, g	ive street od	dress)	1	d. STREET ADDRESS					ON	SIDENCE A FARM?
NAME OF DECEASED	Fir	st	Middle		Lost	4. DATE	Mon	th	Do	ру	Year
(Type or print)	Charles	5	Albe:	rt	Dykes	DEATH	10			26	19 50
. SEX	6. COLOR OR RACE	7. MARRIE	D A NEVER MARRIED	8. DA	TE OF BIRTH		9. AGE (In years last birthdoy)	Months Months		+	DER 24 HE
male	colored	WIDOWED	DIVORCED [1 3/	6/1915	-	It yrs.	MORRIES	Days	Hours	Min
Oa. USUAL OCCUPATION	ON (Give kind of work of king life, even if retired	done 10b. KI	ND OF BUSINESS OR IN	NDUSTRY	11. BIRTHPLACE (Stote	e or fareign c	ountry)	12. CI	TIZEN O	FWHAT	COUNTR
section h			railroad		Marylan	d			U.S		
3. FATHER'S NAME				14	. MOTHER'S MAIDEN						
Albert V	N. Dykes				Dais	y Hen	derson				
5. WAS DECEASED EVE (Yes, no, or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of s		CIAL SECURITY NO.		MANT	Deales	Add			21.2	
no		221	5-10-5499	Mrs.	Lucille	руке	s, Mida	Te co	wn,	Ma	•
Conditions, if cogave rise to couse (o), stoting lying couse lost. Part II. OT	the <u>under-</u> DUE TO)	ntributing to death	BUT NOT	RELATED TO THE TERM	MINAL DISEAS	E CONDITION GIV	/EN IN PA	RT 1(o)	PERF	AUTOPS ORMED?
200. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING G CAUSE OF DEATH (MEDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY OCCU	JRRED. (Er	iter nature of injury in	Part I or Por	t II of item 1B.)				
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Yes	While	URY OCCURRED 20e Not while of work	PLACE (factory,	OF INJURY (Home, for street, affice bldg., et	m, 20f. (City	or town)		(County)		(Stat
alive on	10/30/	OF STATES	and that de	M.D.	ery	M, fram ADDRESS (S 22d. LOCA Fre	TION (City, town,	d an the state of county	e date	State DA	d abay
3. FUNERAL DIRECTOR			ADDRESS			D'D BY REGIST					
Gladhill	Company,	Midd	letown, M	d.	DATEN	OV 2 '5	and and	hun S.	Krau	A	

in the funeral director, and 2 should be filed with ofter death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs may be retrined by the haspital or otherding physician.

TO FUNERAL ECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shaving be detoched for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, ar remayol, and in any event within 72 hour after death. VS A15 (4) 15M 9/SB

M

MAKE SOMERADHESSO TOALS 4174 10 (m 42/21 m) 10

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Items 8 & 9, Film G-250 10/27/59.cac. 11360 Reg. Dist. No with director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed b. COUNTY Frederick MARYLAND Florida Palm Beach funeral c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Since 10/6/59 West Palm Beach O Frederick d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE Frederick Memorial Hospital 7036 Pine Tree Lane YES NO pup 2. NAME OF Middle 4. DATE Month filled DECEASED OTTS HENRY EATON 59 DEATH October (Type or print) 19 IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years 8575 yrs. Months Days 5 Nov 1873 1883 White DIVORCED | WIDOWED | plet Male papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. Retired Tool Maker New York American Brass Co. USA pup pan 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 5 COL Sarah Cowan Henry W. Eaton physici remave IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT (Yes, no. or unknown) Mrs. Melinda Cleaver Eaton (Same as item #2) attending s 048-07-3365 72 please within 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO permit. Conditions, if ony, which gned gove rise to immediate DUE TO couse (a), stoting the underphysician. lying cause lost burial-transit been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? remaya has YES NO Z attending 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) certificate the (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, affice bldg., etc.) Hour o. m. While Not while this of work of work ATTENDING P by the haspita CTOR: After th 1922, that I last saw the deceased 21. I certify that I attended the deceased fram. detached and that death accurred at 11:114, from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED 228 N. Market St. ACTUAL 16 Oct 1959 prior nay be reta shaul registrar NAME (Type) L. R. Schoolman. M. D. Frederick. Md. 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY (State) 10-16-59 Lake Worth, Florida 10 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 240 REC'D BY REGISTRAR M. R. Etchison & Son, Frederick, Maryland arthur S. Hours VS A15 (4) DAGT 1 9 '59 1SM 9/58

haurs

certificate

Marie To the Control of the Control and I K. W. Latter the

The model of the second of

,

• • • •

The state of the s

M

06

CEDTIE!CATE OF DEATH

Maje White widowed Divorced Major 14 1885 Wajerhday) Months Days Hours Min. 100. USUAL OCCUPATION (Give kind of work done 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) BOOK Keeper Major 10 working life, even if retired) Motor Co Hagerstown Wash Co Md. USA 13. FATHER'S NAME Motor Smith Motor Smith Motor Smith Motor Smith 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 16. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Motor Smith 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPSY PERFORMEDY. YES NO Motor Smith 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 19 White Not white 19 White Not white		11361	CERTIFICA	AIE OF DEATH	Reg. D	ist. No.
B. CALVO OF TOWN (If outside corporate limits, write RURAL and give necreal town) RURAL and give necreat town) RURAL and give necreat lown) RURAL and give necreat town) RURAL and give necreat town and give necret t	o. COUNTY		MARYLAND	Q. STATE	b. COUNTY	nce before admission)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) PTEGETICK PTE	RURAL ond give	e nearest town)		c. CITY OR TOWN (II outside co	arporate limits, write RURAL and	give nearest town)
3. NAME OF DECEASOD (Type or print) G1 Dert Middle Lost OF DEATH OF DEAT	d. NAME OF HOS OR INSTITUTIO	SPITAL (If not in hospital, give street	oddress)	d. STREET ADDRESS		
S. SEX	DECEASED	First	Middle	/ OF		- 1 1
Augustown Wash Co Magerstown Country Calculation Causers Calculation Causers Calculation Causers Calculation Causers Calculation Causers Ca	70 2	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	11	last birthdoy) Months	
John G. Ernst S. WAS DECEASED EVER N. U. S. ARMED FORCES? 10. SOCIAL SECURITY NO. 11. INFORMANT Address 11. INFORMANT Address 12. Location Accounts to the second of seco	Book Kee	vorking life, even if retired)	34 . ~	-		
11 12 13 14 15 15 15 15 15 15 15		G. Ernst			th	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gove rise to immediate cotise (a), stoling the under- lying cause lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITION TO THE TERMINAL DISEAS	(Ye), no. or unknown)	[11 yes, give wor or dates of service)	3/			Fred. Co
Canditians, if any, which gove rise to immediate cotts (a), stating the under lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year While Not while of work of two while signature 21. I certify that I attended the deceased from 19. A county of the causes and on the date stated above ADDRESS (Street, city or town, stole) ACTUAL SIGNATURE 220. BURIAL, CREMATION, 22b. DATE THEREOF PASS IN AME (Type) PHYSICIAN'S NAME (Type) PHYSICIAN'S NAME (Type) PHYSICIAN'S NAME (Type) PHYSICIAN'S NAME (Type) PRESS SIGNATURE 220. REPORT RECORDS SIGNATURE ADDRESS 221. LOCATION (City, town, or county) (Stole) Rest Haven Cemetery Hagerstown Wash Co Md. 222. PLACE OF INJURY (Home, form, 100 pt 100		DEATH WAS CAUSED BY:	ine for (a), (b), and (c).]	en Thrombo	na.	ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING DATE THE NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of the part of the part of the part II of item 18.) 21. I certify that I attended the deceased from 19 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) of work	Canditians, if gove rise to catse (a), station	f any, which immediate DUE TO	Terioseleo	the Heart d	rease	10 year
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work 20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) 20f. (City or tawn) (Caunty) (Stote) 20e. PLACE OF INJURY (Home, form, p. m. 19 20f. (City or tawn) (Caunty) (Stote) 20f. (City or tawn) (Caunty) (Caunty) (Stote) 20f. (City or tawn) (Caunty) (Cau	PART II. (CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PAI	PERFORMED?
21. I certify that I attended the deceased from 1972, to 1973, to 1973, that I last saw the decease alive on 1973, and that death occurred at 2087, from the causes and on the date stated above ADDRESS (Street, city or town, stole) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF PHYSICIAN'S NAME (Type) PERSONAL (REMATION, 22b. DATE THEREOF Rest Haven Cemetery Hagerstown Wash Co Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE		NG CAUSE OF DEATH I	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I ar	Port II of item 18.)	
alive on	20c. TIME OF INJ Hour a. n p. n	m. While	Not while fo	ACE OF INJURY (Home, form, ctary, street, office bldg., etc.)	City or tawn) ((County) (State)
PHYSICIAN'S NAME (Type) //e nry // (hase Frederick Maryland 220. BURIAL CREMATION, 22b. DATE THEREOF PERMATORY Rest Haven Cemetery Hagerstown Wash Co Ma. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE		that I attended the decear		occurred at 7 05 P.M. f	rom the causes and on t	
220. BURIAL, CREMATION, 22b. DATE THEREOF PERFORMANCE PROPERTY OF CREMATORY Rest Haven Cemetery Hagerstown Wash Co Md. 23. FUNERAL DIRECTOR'S SIGNATURE 24d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	PHYSICIAN'S	Henry 1. C.	Chace	M.D. 4 E. Chus	ch St	10/31/5
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	220. BURIAL, CREMA	ify)		α		
		OR'S SIGNATURE	ADDRESS	24a. REC'D BY RE	GISTRAR 24b. REGISTRAR'S SI	IGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL PROCEOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 shauted detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and should be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death. VS A1S (4) 15M 9/55

sat April april	HTARGRO STA	OFFITTED - N-4%	2011	
	And the same which the			
	TOTAL CHILD			
· · · · · · · · · · · · · · · · · · ·				
NEATH CHARLES IN THE SAME				
				Mercelli
AND THE COMMENT OF THE PRINT		THE PROPERTY OF THE	Hamilton, F. V.	
	12 109		Company of the last	
THE TANK OF STREET AND ASSESSED.				
(## pri stoles supe	Ale and the second			
	18-54 TO			
	4/10/2019			
		Market Mile and all		
	p. Julian			
Realist (Million at 1997) in				

death ysician. phy det may be rent TO FUNERAL VS A15 (4) 15M 9/5B

death.

haurs

23. FUNERAL DIRECTOR'S SIGNATURE Raymond E. Greager

.Messler

Oct. 13.1959

22b. DATE THEREOF

ACTUAL

SIGNATURE

PHYSICIAN'S

NAME (Type) 220. BURIAL, CREMATION,

> **ADDRESS** Thurmont.

22c. NAME OF CEMETERY OR CREMATORY

United Brethern Cem

24g. REC'D BY REGISTRAR DATE OCT 1 4 '59

246. REGISTRAR'S SIGNATURE

ADDRESS (Street, city or town, state)

22d. LOCATION (City, town, or county Thurmont.

Johnsville MD

11355

e. IS RESIDENCE

ON A FARM? YES NO TE

Year

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO

(Stote)

DATE SIGNED

U.S.A

(County)

not as hore				Hold	chest	
	Intro Inc	ini	plear S		H012	0.031
			To Jack	if L. Lwo.	es and	110571
files (II	. 200	eatri .	Linear		TOP	
	27	25.03	Taga Anna L		odino	elsisl
Argell	(i	abe 11	Jun Toning.			
	Suadil	Liedal			riao na	087082
	ender sent a	ating and	60577807			

X

	2.249W4			R	leg. Dist. No.
1. PLACE OF DEATH O. COUNTY	rederick	MARYLAND		here deceased lived. If institution: ryland b. COUNTY	Residence before admission) Frederick
b. CITY OR TOWN RURAL ond give i		Days		outside corporate limits, write RUR. ederick	AL and give nearest town)
OR INSTITUTION	ITAL (If not in haspital, give Memorial Hos		d. STREET ADDRESS	Third Street	e. IS RESIDENCE ON A FARM YES NO
NAME OF DECEASED (Type or print)	First ANNIE	Middle ELIZABE	TH GRASER	4. DATE Month OF DEATH Octobe	r 15, 1959
. SEX Female	Lawrence Control	MARRIED NEVER MARRIED DOWED DOWED DIVORCED	B. DATE OF BIRTH Becember 15,	last hirthday)	UNDER 1 YEAR IF UNDER 24 H Manths Days Hours Min
o. USUAL OCCUPATI	ION (Give kind of work dane irking life, even if retired)	106. KIND OF BUSINESS OR INDI		or foreign country)	12.CITIZEN OF WHAT COUNTI
3. FATHER'S NAME			14. MOTHER'S MAIDEN		
Jo	hn Delaughter		Anni	e Main	
5. WAS DECEASED EV Yes, no, or unknown) No	(ER IN U. S. ARMED FORCES) (If yes, give war or dates of service	1 101 00 011 10 01	rs. William K	Address ennedy-Sameas It	
Canditions, if gove rise to cause (a), stating lying couse last	immediate dispersion of the under- column (c) (c)		melli		25 yea
	THER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM	IINAL DISEASE CONDITION GIVEN	I IN PART 1(a) 19. WAS AUTOP PERFORMED? YES NO
OR CONTRIBUTION	AS UNDERLYING CONTROL 206 G CAUSE OF DEATH Y MEDICAL EXAMINER	. DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Part I or Port II af item 18.)	
20c. TIME OF INJU Hour o. m. p. m.	10	20d. INJURY OCCURRED While Not while the work of work	LACE OF INJURY (Home, farr octory, street, office bldg., etc	m, 20f. (City or town)	(County) (Sto
21. I certify to alive an	that I attended the de			PM, fram the causes and ADDRESS (Street, city or town, stokn Street	an the date stated aba
20. BURIAL CREMATI	obert S. Turr	22c. NAME OF CEMETERY	Frederick,	Maryland 22d. LOCATION (City, town, or or	county) (Stote)
urial (Specify	Oct.19,195			Frederick, Cour	
M. R. Etc		ADDRESS Frederick, Maryl		D BY REGISTRAR 24b. REGISTR	PAR'S SIGNATURE Crima 8. 4

may be retained by the haspital ar attending physician.

O FUNERAL CTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be filled in the brial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to buriol, cremation, ar remayal, and in any event within 72 pages after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs after death. Page 4 TO FUNERAL VS A15 (4) 15M 9/58

The Control of the Co Standard manufactured and their contractions of the standard o THE RESERVE AND ASSESSED TO SELECT A SECURITION OF THE PARTY OF THE PA A. I stablem & son, redering largical

ARYLAND	STATE D	EPARTMENT	OF HEALTH-BALTIMORE,	18
Item	8. Film	G-253 12/	/11/59.cac	

CERTIFICATE OF DEATH

11357

	4410	CERI	IIIICAI	E OF DEATH	П		Reg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY Fred	F140; erick	MA	RYLAND 2.	USUAL RESIDENCE (W		ived. If institution b. COUNTY			ission)
	If outside corporate limits, earest tawn)	write c. LENGTH OF STA	AY IN 1b	c. CITY OR TOWN (IF	outside corporat		URAL ond giv	re nearest to	wn)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, give	street address)	1	d. STREET ADDRESS	1			ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Pirst	Midd ISABI		GREEN	4. DATE OF DEATH	Mon Oc	tober	Day 28,	Year 19 59
5. SEX Female	2002 2 1	MARRIED NEVER MAR		ATE OF BIRTH 3 /A/pr/1/1 189	_	AGE (In years lay prthday) yrs.	-	YEAR IF UN	
during most af war	king life, even if retired)	ne 10b. KIND OF BUSINESS At Home	OR INDUSTRY	Marylan		ntry)	US US	A OF WHAT	COUNTRY
13. FATHER'S NAME Charles	McCutcheon		1.	Ruth Young					
15. WAS DECEASED EVE (Yes, no, or unknown)	ER IN U. S. ARMED FORCE (If yes, give war or dates of servi			John Green	(Same	as item			
	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)_ DUE TO DONY, which the under- DUE TO DUE TO	e per line for (a), (b), and (COVONO ALLER ALLE	my O	cles	is He	ret par	eleso	INTERVAL ONSET AN Sy	
20a. ACCIDENT W. OR CONTRIBUTING	AS UNDERLYING 20	TIONS CONTRIBUTING TO E					EN IN PART	PERF	S AUTOPSY FORMED?
O (IF EITHER, NOTIFY 20c. TIME OF INJUI Hour o. m. p. m.	(MEDICAL EXAMINER) RY Month, Doy, Year 19	20d. INJURY OCCURRED While Nat while at work ot work	20e. PLACE factory	OF INJURY (Home, form, street, office bldg., etc.	m, 20f. (City o	r town)	(Co	unty)	(Stote)
alive an	inat I attended the d		M.D.	. 19. 7, to corred at 10:45 Brunswick	ADDRESS (Stre	ne causes an	stote)	date state	ed abave
220. BURIAL, CREMATIC REMOVAL (Specify	ON, 22b. DATE THEREOF	22c. NAME OF CE St. Pau	METERY OR CE			ON (City, town, of Roc			tote)
23. FUNERAL DIRECTOR	s signature hison & Son,	Frederick,	Marylan		NOV 2 '5	R 24b. REGI	STRAR'S SIGN	NATURE	

She mosepi a di	beargail and		Section of the sectio
		1105	mioria de cuardo
25 telepho	141 Last		
	26 790 44 5		
A 40	1000	20 30	244-14
	Mark T. Mark		administrative and and
(1) (1) (1)	ment and a	19 100	G.R.
Action to the second			
	T. Pale L. L.		-0.00
** * •	and continued to	3.4.1	
business concer-		a afaiwi , the	er gest er er en

11264 CERTIFICATE OF DEATH 11358

	1101	月號	GEIXIII I	07112 0				Reg. Dist. N	No.	
1. PLACE OF DEATH						here deceased	lived. If institution	on: Residence be	efore admissio	in)
o. COUNTY	FREDERICK		MARYLAN	o. STA	MARYI	LAND.	b. COUNTY	FREDER	ICK	
b. CITY OR TOWN (I RURAL and give no	f outside corporate limit	s, write c. LE	NGTH OF STAY IN I	b c. CIT	OR TOWN (IF	outside corpo	rote limits, write R	URAL ond give	nearest town)	
FREDERI			Lifetime	11/1	TREDERIC	CK	CITY.			
OR INSTITUTION	AL (If not in hospitol, gi				REET ADDRESS	372	MATORET AND		e. IS RESID	ARM?
			OSPITAL		ONE SECTION STATE		MARYLAND		YES [NO LA
3. NAME OF DECEASED (Type or print)	Firs		Middle		Last	4. DATE OF DEATH	Mon		/	ear EO
5. SEX	GLEN	GRO	V 2000.0	FREEN	F DIDTH	DEATH	October	IF UNDER 1 YE		9 59
D. SEX	6. COLOR OR RACE	3.0	NEVER MARRIED		BIRTH		AGE (In years lost birthdoy)	Months Day		Min.
Male	White.	WIDOWED	DIVORCED	UULLU	18 19	194	65 yrs.			
loa. USUAL OCCUPATION during most of work	ON (Give kind of work d king life, even if retired)	one 10b. KIND	OF BUSINESS OR IN	IDUSTRY 11. B	RTHPLACE (Stote	e or foreign co	ountry)	12.CITIZEN	OF WHAT CO	UNTRY
Garaga O	wner	Ret	ired.		Frederic	ck. Co	unty Md	• U	SA.	
13. FATHER'S NAME				14. MO	HER'S MAIDEN	NAME				- 1,1
Elmer	E. G	reen			Margar	cet C	hipley			
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16. SOCIA	L SECURITY NO.	INFORMAN			Addr	ess		
**	(If yes, give war or dates of se	rvice)	CVIII of the	Tama	Pi som	Canan	7.8	W. 12	C+	
TIO CAUSE OF DEA	TH (Cates only one one	and the fact	(a) (b) = 1 (a) 1 (Irma	Biser	Green	وللله		NTERVAL BETY	A/CENI
	ATH [Enter only one counTH WAS CAUSED BY:	ise ber the for t	(o), (b), ond (c).]	1/2					NSET AND D	
1000	IMMEDIATE CAUSE (0)	C 612	unc y	buth	17					
420,1	DUE TO	04	- 1)	1	1	7				
Conditions, if or	ny, which) (b)	arte	V21- 66	live	us Cl	mone	in we	sel +	1 cm	-
gove rise to it	mmediote (•1	10						/	
lying couse lost.	the under-	1191	horles				\/		2/m	11-
	HER SIGNIFICANT COND	DITIONS CONTR	BUTING TO DEATH	BUT NOT RELA	ED TO THE TERM	AINAL DISEASI	CONDITION GIV	EN IN PART 1(o	19. WAS AL	UTOPSY
ATIO									YES	MED?
20g. ACCIDENT WA	S LINDERLYING [7]	20b DESCRIBE I	HOW INJURY OCCU	PRED (Enter no	sture of injury in	Port Lor Port	II of item 18.)		1120	140
THE EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	- DESCRIBE	NOW WOOM OCCO	ARED: JEMON IN	10.0 01					
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yea	r 20d. INJURY	OCCURRED 20e		JURY (Home, for		or town)	(Count	ty)	(Stote
Hour o.m.	19	While of work of	Not while	foctory, street	, office bldg., et	(C.)				
			17/1/1/20	1/1	50 1	RN7 9	1 14	0	-	
21. I certify th	at attended the	deceased tr	9m_//WY	Col . 18	Ust, to Co	14-21	2, 19N_/	That I last so	aw the de	cease
alive an	4 10 A	_, 120_7	, and that de	ath accurre	d at 3 700		the causes an	A		
I F	144		/.		75	ADDRESS IS	reet, city of town	fote)	DATE	SIGNE
SIGNATURE /	M / ala	mes	noain	M.D.	X 60.	2-	N/ J	aden	41	U
auveren auve	, , , , ,				_					100
PHYSICIAN'S K	arl H. Ta	nnenbau	m M.D.		8, E.	2 nd.	St Fre	derick	Md.	14-
220. BURIAL, CREMATIO REMOVAL (SPECIFY)	Oct. 22,		NAME OF CEMETER	Y OR CREMATO		22d. LOCAT	ION (City, town, clerick,	Marylan	ad (Stote)	
23. FUNERAL DIRECTOR	S SIGNATURE	6411	ADDRESS			D BY REGIST		STRAR'S SIGNA	TURE	7/
DAILEY'S	FUNERAL HO	OME / 2.	FREDERIC	K, Mc	DATE	CT 23 '5	9 Cir	Chun S. Ku	au A	
		V						/ / //		

in the funeral director, and 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 by the haspital ar attending physician. **CTOR:** After this certificate has been signed by the attending physician and campletely filled in a detached far use as the burial-transit permit. Then please remave catan papers. Pages 1 and 12 bayes after death. TO FUNERAL page 3 shaun VS A15 (4) 15M 9/5B

the registrar

		(FOSTING TOMEYDAM)	
1		11386 - Sect	
The state of	00278	10080	
	b 10 Aug		
	acs , resture	MITTER PLEASE N	and it
() Y	50 1 S 1 S 1 S 1 S 1 S 1 S 1 S 1 S 1 S 1	EXCEPT THE	
	description of the state of the	and the state of	e la company
42200 11.65	years, columban	. 1012 1019	wind eye tal. Y 1 1
	Team temperal	S 000 10	120 A
V 200	negas maja a seri		
10 10			
6		· · · · · · · · · · · · · · · · · · ·	ALT ASSESS
,			

director Poge

uneral

filled

puo

physician

attending

by

been signed

0

death.

hours

within

	HE OF DEATH			
		Singers and Commercial	440-1437	
	The first and the Kind of		THE PROPERTY AND THE	X miles
				9
	The Little County of			1
Maria and			Manager State of the state of t	
				•
			THE STREET	
		Service Works	A STATE OF THE STATE OF	
			See 28 between 1 solling	
			STORT OF STORY	
	RATING A ST		Little Ur III	
and the figure of the same and	the state of the s			
· · ·		100000000000000000000000000000000000000		

VS A15 (4) 1SM 9/55

06

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CEPTIFICATE OF DEATH

11360

	11266	CERTITION	TE OF DEATH	Reg. Dist. No.
	1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE	b. COUNTY Carroll
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp	orote limits, write RURAL and give nearest town)
7	d. NAME OF HOSPITAL (If not in hospital, give street of OR JNSTITUTION		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES TO
	3. NAME OF First DECEASED (Type or print)	Middle Morrys	Lost 4. DATE OF DEATH	Month Day Year 1 October 29 1959
	5. SEX 6. COLOR OR RACE 7. MARRI WIDOWEI		B. DATE OF BIRTH	9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
-	10a. USUAL OCCUPATION (Give kind of work done 10b.) during most of working life, even if relired) FARMER	KIND OF BUSINESS OR INDUS	MARYLAND	(2) CITIZEN OF WHAT COUNTRY?
)	13. FATHER'S NAME Joseph H. Heines		14. MOTHER'S MAIDEN NAME ELIZABETH	LUPTON
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. S. [Yes, no, or unknown] [If yes, give wor or dates of service]	YONE LU	NFORMANT NLA HAINES UN	Address RURHL 1018 BRIDGE MD
	1B. CAUSE OF DEATH [Enter only one couse per time. PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	e for (o), (b), ond (c).]	relonephritis	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate coese (a), stating the underlying couse lost.	constatie to	ypertrophy =	de Scrodentin 17005
)	Frocker 11	CEK right	NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO
		Fell of	O. (Enter noture of injury in Port 1 or Po	rt 11 of item 18.)
	ZOC. TIME OF INJURY Month, Day, Year 20d. IN Hour o. m. While of work	_ Not while fac	ACE OF INJURY (Home, form, 20f. (Citory, street, office bldg., etc.)	ly or lown) (County) (Stote)
/	21. I certify that I attended the decease alive an 19.5 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) POLY HOLD ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)		ADDRESS (m the causes and an the date stated abave. Street, city or town, stote) DATE SIGNED
	220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) DURING NOV 1 - 1959	22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCA	ATION (City, town, or county) (State)
	23. FUNERAL DIRECTOR'S SIGNATURE DI Hartsler & Lons /	ADDRESS Linux Bridge	MA DATE NOV 3	159 Cithin S. Hours

HTASQ 10 ST	
	Learner Co.
	Constitute Business Branch Constitution of Con
The second secon	
	with the property of the prope
	The state of the s
	Section 1 to 1
Next Community is to the series of the serie	Military programs of the many payments and a series
	The state of the s

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haug

TO HOSPITAL

VS A1S (4) 1SM 9/S8

ofter death. Page

	5	1		
	1	ð		
0	1	a		
9	ωà.		P	

	11	367	CERTIF	ICATE OF	DEA	TH	1211	Reg. D	ist. No	. 1	130
1. PLACE OF DEATH o. COUNTY Free	derick		MARYLA	O STATE		Where decease	d lived. If institut b. COUNT	v _	ence before		sian)
b. CITY OR TOWN (If RURAL ond give ne	agest town)	nits, write	c. LENGTH OF STAY IN	t 1b c. CITY OI		outside corpo	prote limits, write	RURAL ond	give ne	arest tow	n)
d. NAME OF HOSPITA OR INSTITUTION 1001 Last			ddress)	/ d. STREET			ick Stree	et		ON A	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)		RRY	Middle JACK		LER,	4. DATE OF JR. DEATH		nth Der	15		Year 1 5 9
s. sex Male	6. COLOR OR RACE White	7. MARRIE	D NEVER MARRIED		- 7.0	1914	9. AGE (In years lost birthday) 45 yrs	Months	R 1 YEAR Days	Hours	ER 24 HRS. Min.
None	N (Give kind of work ing life, even if retired	dane 10b. K d)	IND OF BUSINESS OR		Mary]	Land	country)	12. CI	USA	F WHAT (COUNTRY?
13. FATHER'S NAME Haj	rry J. Hal.	ler, S	r.	14. MOTHER		N NAME	ller				
1S. WAS DECEASED EVER	R IN U. S. ARMED FO	RCES? 16. So	None	Mr. Harry	¥. I	Haller,		as II	tem ;	#2	
Conditions, if ar gove rise to ir couse (a), stoting I lying cause lost. PART II. OTH OR CONTRIBUTING (IF EITHER, NOTIFY	the <u>under-</u>	b) O c)	ONTRIBUTING TO DEAT	H BUT NOT RELATED	TO THE TE	RMINAL DISEAS	SE CONDITION G	IVEN IN PA	RT 1(o)	19. WAS PERFO YES	DRMED2
	S UNDERLYING A CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	RIBE HOW INJURY OCC	CURRED. (Enter nature	of injury	in Port I or Por	rt II of item 1B.)				
20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Day, Ye	While	Not while at wark	0e. PLACE OF INJURY factory, street, off	(Home, fice bldg.,	arm, 20f. (Cit	y or town)	1	(County)		(State)
alive an	at I attended the	19 S	9 and that of	M.D	t Sec		itreet, city or town	nd an th		state	deceased d abave TE SIGNET /59
220. BURIAL, CREMATION	Oct 18		22c. NAME OF CEMET	ery or crematory	rv	-	TION (City, town,	or county		(Sto	
23. FUNERAL DIRECTOR'S M. R. Etchi	S SIGNATURE		ADDRESS		24a. R	EC'D BY REGIS	TRAR 24b. REG	SISTRAR'S S	IGNATU	RE	

Direction of the second of the second eco preso e preso de la completa del la completa de la completa del la completa de la completa del la completa de la completa della completa della completa della completa della completa della completa Should be disk-id, and let be a comment with the to be a like to the surprise to be The state of the last the state of the state Biologica (S. Haris Grand devilo limber 9221, 61.300 in a blandara ardon, kreviriak, sarakana

A HOUSE SET					
	Color Amely Amely				
	100				
				Plotter in the second	
			The same		
		1000			
		To X			
		- X-11	f # L		
The street	of ivro	79.	t. orico	0001.18.30	liti

haurs ATTENDING I by the haspita CTOR: After th FUNERAL page 0

VS A15 (4) 15M 9/58

23. FUNERAL DIRECTOR'S SIGNATURE FUNERAL HOME

PHYSICIAN'S B. O. Thomas

220. BURIAL, CREMATION, 22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY

Mt Olivet

Md . DATE

Cemetery

N. Market

Circhar & King

St. Frederick.

22d. LOCATION (City, town, or county)

Frederick.

24g, REC'D BY REGISTRAR OCT 23 '59 24b. REGISTRAR'S SIGNATURE

Reg. Dist. No.

e. IS RESIDENCE

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO

Maryland.

(Stote)

19.

Days

USA.

(County)

Mary Land.

Months

ON A FARM?

YES NO NO

Year

19 59

remain at a second of the seco

and the property of the company of t

in antenna Tanti peak a marka

cos, 22, 57 th Clives Serguery | Tradella to 52, 50, 200

M

funeral directar, ond 2 should be filled with

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4	3	9	45	A
	8	3	0	4
- 4	-	1	-	-

	CERTIFICATE	OF DEATH
1404	CERTIFICATE	OF DEATH

1	ă.	2	U	4
-	-	-	-	

14114					Reg. Dist. N	No.	
1. PLACE OF DEATH a. COUNTY	MARVIANO	2. USUAL RESIDENCE		l lived. If institution	on: Residence be	efore admiss	ion)
Frederick	MARYLAND	Man					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		N (If outside corpor SVILLE	rote limits, write RI	JRAL and give	nearest tawn	1)
Myersville	60 years	V					-
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Main St.	address)	d. STREET ADDRE					FARM?
3. NAME OF First	Middle	Lost	4. DATE	Man	th	Day	Year
(Type or print) MOLLTE	М.	HARP	OF DEATH	Octob	Annual Contract of the Contrac		19 50
female white widows	IED NEVER MARRIED DIVORCED	8. DATE OF BIRTH July 13,	1866	9. AGE (In years lost birthday) 93 yrs.	Months Day		Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU		(State or foreign co		12. CITIZEN	OF WHAT C	OUNTRY
housewife	wn home		rick Co	. Md .	U.S	.A.	
13. FATHER'S NAME		14. MOTHER'S MAIL					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO	Mary I	Marker	Addr			
(Yes, no, or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO.	INFORMANI					
no	none X	DEE E. L.	Harp.	Myersvi	lle, M	id.	
18. CAUSE OF DEATH [Enter only one cause per lin	ne for (o), (b), and (c).]	-	,	0		NTERVAL BE	
PART I. DEATH WAS CAUSED BY:	anos alia it	ad promised	ante	Dia & Sel	1 Wash	INSET AND	1 2S
450.0 DUE TO	No cacoze a	2000 MAGA	00,10	an c	2000	3	1
,					1		
Conditions, if any, which (b)						33	
cause (a), stating the under:							
lying cause lost. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE	TERMINAL DISEASI	E CONDITION GIV	EN IN PART 1(a	PERFO	AUTOPSY ORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DESC	CRIBE HOW INJURY OCCURR	ED. (Enter nature of inju	ry in Port I ar Part	t II of item 18.)	(State		
20c. TIME OF INJURY Month, Doy, Year 20d. It	t.	LACE OF INJURY (Home octory, street, affice bldg		or town)	(Caun	ty)	(Stote
20c. TIME OF INJURY Month, Doy, Year 20d. It While p. m. 19 at worl	Not while	ciory, sireer, dirice orag	3., 610.7				
	Orter	10 56 10	(3-X 6	1054	1 - 1 1 1	.1 1	
21. I certify that I attended the decease	~	19.34, to		1827.	that I last s	aw the d	ecease
alive an (27, 3, 19,5	, and that deat	h accurred at		the causes an			
1	111/		ADDRESS (SI	treet, city or lown,	state)	DAT	E SIGNE
SIGNATURE L'ELIZEUR	- Hter/2	M.D	Mes	Lacita	way	10-1	-19
PHYSICIAN'S LEITHE	PHARP						
22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify).	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCAT	TION (City, town, o	ar county)	(Stat	e)
Burial Oct.8,1959	Mt.Zion U	. B.	Myersv	ille Fr	ed .Co.	Md.	
23. FUNERAL DIRECTOR'S SIENATURE	ADDRESS		REC'D BY REGIST		STRAR'S SIGNA		
Tally J. Gelly	e Maranari 1	TO MA DAT	FAOT 0 15	0 0.	then & Ha	-44	

may be retained by the haspital or attending physician.

TO FUNERAL CTOR: After this certificate has been signed by the attending physicion and campletely filled in page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 one the registrar prior ta burial, crematian, ar removal, and in any event within 72 Maurs Offer death. TO HOSPITAL VS A15 (4) 15M 9/58

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4

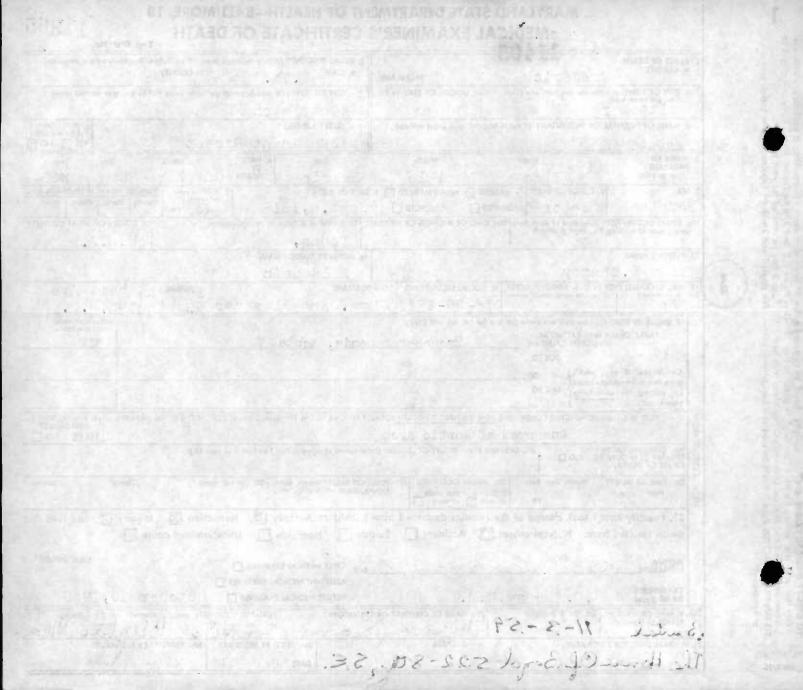
Accepted to the second second

LALAND My or form bout and me in the Editor est.

The state of the s The second secon

The same of the sa

The second of th



TO FUNERAL P

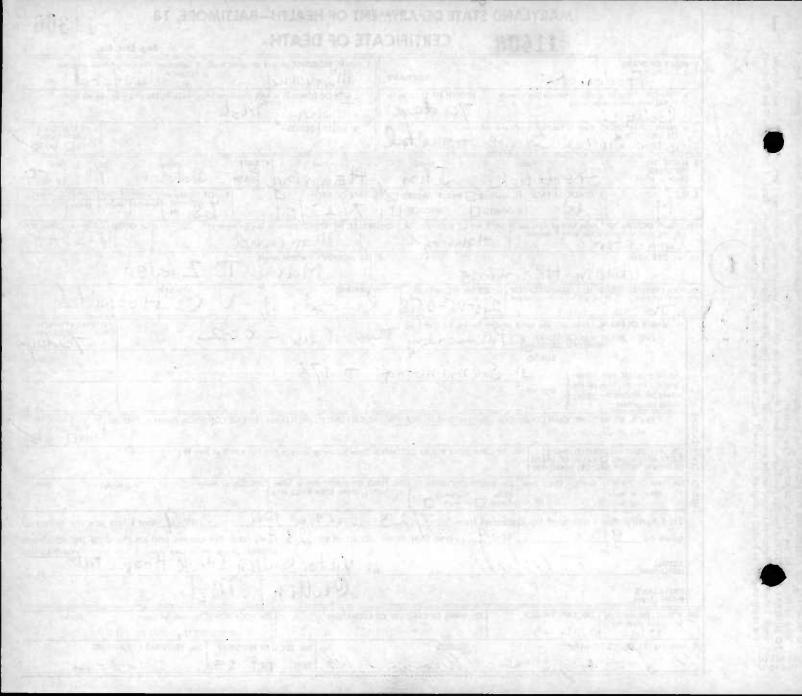
VS A1S (4) 1SM 10/57

CERTIFICATE OF DEATH

11406

11366 Reg. Dist. No.

L	* COUNTY Frederick MARYLAND	AL RESIDENCE (Where deceased lived. If institution: Residence before admission) ATE b. COUNTY Harford
	Cullen 70 days J	ITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1	d. NAME OF HOSPITAL (II not in hospital, give street address) Victor Cullen State Hospital d. 9	e. Is residence on a farm? Yes \(\) NO \(\)
3.	3. NAME OF DECEASED (Type or print) Frederick John, H	ENNING DEATH OCTOBER 1 1959
5.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE WIDOWED DIVORCED 7	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
L	Carpenter Housing	Maryland 12. CITIZEN OF WHAT COUNTRY
	Adam Henning	Mary T. Zigler
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMA (Yes. no. or unknown) (If yes, give wor or dates of service) 218-05-0568	words of V. C. Hospital
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	culosis - 002 Interval Between onset and Death
	Conditions, if ony, which) DUE TO Seminoma -	178
	gove rise to immediate cause (a), stating the <u>under-lying cause last.</u> DUE TO (c)	
FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\bigcap \text{ NO } \(\bigcap \)
CERT	OR CONTRIBUTING CONTRIBUTING CONTRIBUTION CO	nature of injury in Port I or Part II of item 18.)
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF I factory, stree p. m. 19 of work of work	NJURY (Home, form, 20f. (City or town) (County) (State) et, affice bldg., etc.)
	21. I certify that I attended the deceased from 7/23. alive an 9130, 1959, and that death occurr	1951, to 1011 , 1959, that I last saw the deceased at 1241AM, from the causes and an the date stated above
	ACTUAL SIGNATURE T. F. VESTAL M.D.	lictor Cully State Hospital PATE SIGNED
	PHYSICIAN'S NAME (Type)	Pullen, Md.
220	220. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF St. Stephen's	(Jiolo)
23.	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE OCT 2'59 Colon 9 House



Rea. Dist. No.

) # (13	1
CLOK: After this certificate has been signed by the attending physician and campletely tilled in the function difference of detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 ars, Should be filed with or to burial, crematian, or remaval, and in any event within 72 haurs of perdeath.		ノ ×
papers. Page	~ Y	1
permit. Then please remave carbon in any event within 72 haurs after a		
detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 an, Should be filed with or to burial, cremation, or remaval, and in any event within 72 hours after death.		0

1. PLACE OF DEATH a. COUNTY FREDERICK MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence o. STATE MARY DND b. COUNTY FRE	before admission)
b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside carporote limits, write RURAL and gi	ve negrest town)
RURAL and give nearest town) INNIN RRIDAE RURAI VEARS	XUNION BRIDGE RU	PAL
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle Middle (Type or print) FANNE MAY HOS	SLER 4. DATE Month OF DEATH OCTOBEN	Day Year
F WIDOWED DIVORCED	NOV8 - 1872 lost birthday) Months (YEAR IF UNDER 24 HRS. Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done of the little of the littl	MARYLAND	ZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME LOU HARSHA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	NFORMANT Address	
	S BENJAMIN BLACK - UNION BK	RIDGE MU
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ular accident	INTERVAL BETWEEN ONSET AND DEATH 2-3 day
331X DUE TO	10000	740
Conditions, if any, which gove rise to immediate cause (a), stating the under-lying couse lost.	i coos e cores	7000
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT General of two services 200, ACCIDENT WAS LINDERLYING TO 200, DESCRIBE HOW INJURY OCCURRENT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART C.	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED (IF EITHER, NOTIFY MEDICAL EXAMINER)		753111021
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40c. PL/ While Not while at work 19 at work 19 at work 10 at wo	ACE OF INJURY (Home, farm, 20f. (City or tawn) (Coctary, street, office bldg., etc.)	ounty) (State)
21. I certify that I attended the deceased fram. Fa-b 14	, 1959, to Det] , 1959, that I le	ast saw the deceased
actual Actual	accurred at 12/156M, from the causes and an the	DATE SIGNED
SIGNATURE	MD. 1182.11 Jam St., William Dru	rade MA Tell
PHYSICIAN'S TH CARICOFE	UNION BRIDGE MD	
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF BEAVER	R CREMATORY 22d. LOCATION (City, lawn, ar county) PAM FREDERICK	Co MD
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN	NATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 TO FUNERAL MAR VS A1S (4) 1SM 9/55

Are bell get			11602	
		D. 网络有用口服的 D. C. A. M. 一点面的		
		19.71		1902
	A STATE OF THE STA	n ni ciramorrada a	TOWN SAID	
				Walter William
V	14 A	8 Y - 4	80 His 4 EM	
				Artis III
and an energy back that the same of the sa		CALL STREET	cub left phonetry	Establish in
	South Colon		5 W	A STANSON
	THE TERM			THE MENT OF THE
ARA ARA	AND MERCH		Water March	
	Sala Sam W. and	Secretary of the second	121 14 15	2 6 4 6

9 'e	X			ME	DICA	L EXAMIN	ER'S	CERTIFIC	ATE OF	DEATH	Reg. Di	11: st. No.	368
should be	-1	1, 1	LACE OF DEATH	1100	3			2. USUAL RESIDENCE	CE (Where deceas	ed lived. If Instit	ution: Reside	nce before ad	mission)
	MY	1	. COUNTY FT	ederick		MARY	LAND	o. STATE Mai	rvland	b. COUNT	Tree	ierich	
Poge buriol,	-	b	CITY OR TOWN (IF	outside corparate limits, write	RURAL	c. LENGTH OF STAY	N 1b			porote limits, write			
Pog			and give neorest town) Brunswic	k		Life		35 Brunsv	wick				
necessory, tor. Poge r to buriol,	-	-			f not in hosp	pital, give street address)	d. STREET ADDRE					RESIDENCE
5	X		B. & O.	R. R.	Yard			307 Bi	runswic	k Stree	et		NA FARM?
deloy rol di ur f		3.	NAME OF DECEASED	Firs	1	Middle		Last	4. DATE	Mont	th	Day	Year
2 0 0 ig		(Type or print)	Samuel	L	Robert	F	lughes Sr	DEATH	October		27	1959
for for		5. S	EX	6. COLOR OR RACE	7- MARRIE	D NEVER MARRIED				9. AGE (In years last birthday)		YEAR IF UN	
if the		Ma	le	White	WIDOWED	DIVORCED [] [May 26th	. 1895	64 yn.		Days Hours	Min.
8 m 2 }		10o	USUAL OCCUPATIO	N (Give kind of work d	lone 10b. K	IND OF BUSINESS OR	NDUSTR	Y 11. BIRTHPLACE (S	state or foreign o	ountry)	12. CITIZ	EN OF WHA	T COUNTRY?
ofter d 2, ond y be re	-		Yard wor	life, even if retired) RET	B&	O.R.R.yan	ds	Mary	land		U	S.A.	
	1)		FATHER'S NAME	TO 100 - 100				14. MOTHER'S MAID		330,27			
hours 5,m 5,m			John A.	Hughes				Margar	et Eli:	zabeth	Ditzl	.er	
in 24 hour we Poges 1 Poge 5,m		15. (Yes	WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give wor or dates of s	RCES? 16. 5	SOCIAL SECURITY NO.		FORMANT	THURST T	Address	307 F	runsw	ick S
Give Give		1	No	None	70	5-12-3554	Mr	s. Hazel	Hughe	3	Bruns	wick.	Ma
4 within 8. Give PM3. P mit. Fil			18. CAUSE OF DEAT	H [Enter only one caus	se per line f	or (o), (b), ond (c).]	4					INTERVAL BETT	WEEN
9 6			PART I. DEAT	H WAS CAUSED BY:	Cr	ushed 8kg	111.	and E				ONSET AND E	ZAIR
			910.3	DUE TO		ushed Che						Minut	es
be exec I in Iter with fo			Conditions, if on		Mu	ltiple fr	act	tors				2022	
pencil pencil polong v			gove rise to immed	iate couse									
			(a) stoting the u couse last.	iderlying (c)									-00
fice or o		Z	PART II. OTH	ER SIGNIFICANT CONE	OITIONS CO	NTRIBUTING TO DEATH	BUT N	OT RELATED TO THE T	ERMINALDISEASI	CONDITION GI	VEN IN PART	1(a) 19. WAS	AUTOPSY
nding r's Off	2	CATION			4		4.00					YES T	ORMED?
entifi en's		FF	20a. EXTERNAL CAU	SE WAS _ 201	b. DESCRIBE	HOW INJURY OCCUR	RED. (En	ter nature of Injury in	Part I or Port U	of item 18.)	10-11	1 100	
d be		CERTIFI	20a. EXTERNAL CAUPRIMARY DOOR CONCAUSE OF DEATH.	TRIBUTING []	While	he was ca	ine	ta freis	sht car	the bo	ttom	fell	over
word word should		3	20c. TIME OF INJUR	Y Month, Day, Yea	r 20d. II	NJURY OCCURRED 20	e. PLAC	E OF INJURY (Home,	form, i 20f. (City	or town)	(Cour		(Stote)
2000	10	WEDICAL	your a.XXX p. m.	10/27/159	While		factor	R R Yard	, etc.)		- 77	3 3 . 3	202
CAMINEI ling the Medicol Poge 3 s		_				emains described				unswiel			
writing writing lief Med], Accident 🛣,							rina mar
4,50			degili resolled	nom: Natoral C	doses _	I, Accident M,	Juic	ide [], Homic	cide [], Oi	iderer mined	raose [].		
r MEDICAL certificate, v			ACTUAL	BAZI		- 61		CHIEF MEDICA	AL EXAMINER			DATE	SIGNED
W SEE TO	1		SIGNATURE	to ou	NY	nau_	7	_M.U.	EDICAL EXAMINE				
UTY rded rded rovs	d		EXAMINER'S NAME (Type)	B.O.Tho	las.M	.D.			CAL EXAMINER [_	ober	28.19	59
o DEPUTY cute the c forwarded o FUNER		220		N, 226. DATE THEREO		22c. NAME OF CEMETE	RY OR C			ION (City, town,			ote)
0 to 0 to 0			REMOVAL (Specify)	10-30-1		Samples						Marvl	
	8	-	FUNERAL DIRECTOR'S			ADDRESS		240	REC'D BY REGIST		ISTRAR'S SIG		did
VS. A15ME(5)	1.1	1	hyould	Carlote	H	arpers Fe	וריוין		Smara a		Timer &		
5M 9/55	VI	1	Miles		-	F	,7	, Marie	,		recover de	- / WOULA	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH and the latter of the second o BORRES LANGE COUNTY LONG Contact Court Contact PROPERTY OF STREET STREET, AND STREET STREET, STREET STREET, S Control of the second s Electric better better the support of the set of the se MESCLY, Existendable is presented that

after death. Page 4

be filed with funeral director,

should

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

89

	-	景	-4	10	3 1	å
	1	3.	5	V	9	y

	113
CE OF DEATH	

CERTIFICATE OF DEATH

Rea. Dist. No.

1. PLACE OF DEATH a. COUNTY	rederick		MARYLAN	a STATE		here deceased live /land	d. If institution b. COUNTY	_	e before		ian)
b. CITY OR TOWN (If RURAL and give nea	autside carporate limi irest tawn) C	ts, write	c. LENGTH OF STAY IN 1	35 c. aty or		outside corporate l	mits, write R	URAL and g	ive near	est town).
d. NAME OF HOSPITA OR INSTITUTION 30 Last	D. Street	ive street	address)	d. STREET A		D Stree	t	A.	е		IDENCE FARM? NO A
3. NAME OF DECEASED (Type or print)	Fire OF	RA	Middle JANE	JACOE		4. DATE OF DEATH	Octob		6, Day		Year 19 59
5. SEX Female	6. COLOR OR RACE White	7. MARR	RIED NEVER MARRIED DIVORCED	0 1			GE (In years birthday) yrs.	IF UNDER Months	Days	Hours	R 24 HRS Min.
10a. USUAL OCCUPATION during mast af warking Housework	ng life, even if retired	dane 10b.	At Home	he	ACE (State)		USA	WHATC	OUNTRY?
13. FATHER'S NAME Micha	ael Hunter	-1		14. MOTHER'S		NAME Ch Hannah	Oglan				
15. WAS DECEASED EVER (Yes, no, or unknown) No	IN U. S. ARMED FOR yes, give war or dates of st	ervice)	one	Mrs. Olli	e Mur	ndy-Same	as Ite		te d		
PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO y, which (b) mediate (DUE TO	Con	ne for (o). (b). and (c).] Lmonary Ede ngestive He pertension	74	Lure			enir.	2		TWEEN DEATH
_	R SIGNIFICANT CON		CONTRIBUTING TO DEATH	BUT NOT RELATED TO) THE TERM	INAL DISEASE COI	NDITION GIV	EÑ IN PART		PERFO	AUTOPSY RMED? NO
20a. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY M 20c. TIME OF INJURY Haur a. m. p. m.	CAUSE OF DEATH AEDICAL EXAMINER) Manth, Day, Yea		NJURY OCCURRED 20e.	PLACE OF INJURY (factory, street, affice	Hame, farr	n, i 20f. (City or to	HE		aunty)		(State)
21. I certify the alive an Ct.	at I attended the 6	deceas	ed fram Mar 31	ath accurred at	8:25	PM, fram the ADDRESS (Street, Marylar	causes an			stated	
22g. BURIAL, CREMATION REMOVAL (Specify)	Oct 9,1		22c. NAME OF CEMETER' Union Cemet			22d. LOCATION Lovetts		,,,	7	/irg	inia
23. FUNERAL DIRECTOR'S M. R. Etc.		n, Fr	ADDRESS rederick, Mar	yland		OCT 8 '59	24b. REGIS	TRAR'S SIG	NATURI	u	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs may be retained by the hospitol ar attending physicion.

5 FUNERAL

CTOR: After this certificate has been signed by the attending physician and completely filled in poge 3 should be detached for use os the burial-transit permit. Then please remave carbon popers. Pages 1 and the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours-offer death. may be retain TO FUNERAL VS A1S (4) 15M 9/5B

June Stude Bearing and Students Men. Cilia cunty-Sene as Dice th

VS A15 (4) 1SM 9/SS

MARYLAND S	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
------------	------------------	----------------------	----

11370

CERTIFICATE OF DEATH

Reg.	Dist.	No.	

						Reg. Di	II. No.
1. PLACE o. COU	_	ederick	MARYLAND	II a. STATE	CE (Where deceased lived.	. COUNTY -	ce befare admission) ederick
b. CITY		If outside corporate limits, w	rite c. LENGTH OF STAY IN 16		/N (If autside carparate lim		
RURA	AL and give n	ederick	Lifetime		ederick		
d. NAM OR I	INSTITUTION	TAL (If not in haspital, give s		d. STREET ADD			IS RESIDENCE ON A FARM? YES □ NO □
. NAME		ederick Memor			9 West Patri		
DECEAS (Type o	SED	HARRY /	ROGER TO	NES	4. DATE OF DEATH	CT 18	Day Year 19 59
sex Ma	le	1400 4 4	MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH		E (In years birthday) Manths yrs.	1 YEAR IF UNDER 24 HRS. Days Hours Min.
. USUA	AL OCCUPATION	ON (Give kind of work done	106. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE	(State or foreign country)	4.0	IZEN OF WHAT COUNTRY
Dr	ayage	king life, even if retired)	Drayage	Mary	land		U.S.A.
	R'S NAME			14. MOTHER'S MA			
	lliam	H. Jones			ginia A. Mil	der	
(Yes, no, or a		R IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 17.	INFORMANT		Address	
No			217-32-5572	rs. Harry	Brandt 359 1	W. Patrick	St. Fred. Mc
1B. C		ATH [Enter only one cause p	per line for (a), (b), and (c).]	* 1			INTERVAL BETWEEN
	PART I. DEA	ATH WAS CAUSED BY:	h. Congestine	Yadur	0_		3M03
14	120.0	DUE TO		1. 0.			
	Conditions, if ony, which) (b) William Schlaud Mart des						15+420.
	e rise to i e (o), stoting						
lying	g cause lost.	(c)					
	PART II. OT	HER SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BL	T NOT RELATED TO TH	ETERMINAL DISEASE CON	DITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED?
	mar	ulion de	eto Carcin	ous of	Touque 1	(Omac)	YES NO
20a. A	ONTRIBUTING	AS UNDERLYING [20b. G CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUR	ED. (Enter noture of in	jury in Part I or Part II SE	tem 18.)	
	IME OF INJUI Hour o. m. p. m.	v v		PLACE OF INJURY (Honoctory, street, affice blo		n) ((County) (State)
				10 55-	- 10/18	10 50 11 11	land the desired
21. 1	certify th	nat Lattended the dec	eased from	, 1900, 1	0	., 1957.Z., that I	last saw the aecease
21. I	100	nat Lattended the dec	7-70	,	0165 -	., 19 <u>-2,7</u> ,that I causes and an t	
alive	on_[7]	nat Lattended the dec	7-70	,	0165 -	causes and an t	he date stated above
alive	on_[7]	harle H	7-70	,	25 AM, from the	causes and an t	he date stated above
alive ACTU, SIGNA PHYSI	ATURE	harles H	7-70	h occurred at/	25 AM, from the	causes and an t	he date stated above
ACTU/ SIGNA PHYSI NAME	AL ATURE CIAN'S E (Type)	Charles H. Col	1959, and that deal	h occurred at/S	AM, from the ADDRESS (Street, ci	causes and an t	he date stated above
ACTU/ SIGNA PHYSI NAME	AL ATURE	Charles H. Col	nley, Jr. M.D.	M.D. Pr	ADDRESS (Street, ci	causes and an fit or town, state) Blue City, town, or caunty)	DATE SIGNED
ACTU/SIGNA PHYSI NAME 20. BURIA REMO BUJ 3. FUNER	ician's E (Type) AL, CREMATIC OVAL (Specify) The Control of the	Charles H. Cor	nley, Jr. M.D.	M.D. Property of Cemetery	ADDRESS (Street, ci	causes and an the ty ar town, state)	DATE SIGNED (Stote)

poge 3 should be the registror prior

TO HOSPITAL O

VS A15 (4) 15M 9/58

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

ofter death. Page

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11371

11370

Reg. Dist. No.

PLACE OF DEATH O. COUNTY	Frederick	MARYLAND	O STATE	Maryland	b. COUNTY		ore odmission) erick
b. CITY OR TOWN RURAL ond give Frederic		c. LENGTH OF STAY IN 16	c. CITY OR TO	OWN (If outside corp	porote limits, write R	URAL ond give ne	earest town)
OR INSTITUTION	ITAL (If not in hospital, give st County Chroni		d. STREET AL	opress aney Apart	ments		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First JOSEP	Middle H ALBERT	JONES	0.5		ober	6, Yeor 1959
5. SEX Male	man a .	MARRIED NEVER MARRIED DIVORCED DIVORCED	June 1,		9. AGE (In years birthday) yrs.	Months Days	R IF UNDER 24 HRS. Haurs Min.
10a. USUAL OCCUPAT during most of we Farm Tel	ION (Give kind of work done rking life, even if retired)	10b. KIND OF BUSINESS OR INC Farming		ACE (Stote or foreign	country)	12. CITIZEN C	OF WHAT COUNTRY
13. FATHER'S NAME Har	ry Jones			MAIDEN NAME			
	(If yes, give wor or dates of service)	27	r. Leroy	B. Jones,	O West 12 Frederick	th Street, Maryla	et,
CATIC	immediate g the <u>under-</u> CC) CC) THER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH B				VEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	G CAUSE OF DEATH Y MEDICAL EXAMINER) URY Month, Day, Year 20	od. INJURY OCCURRED 20e.	PLACE OF INJURY (H	lome, farm, 20f. (C	ity or tawn)	(County	(Stote)
alive an	ON, 22b, DATE THEREOF			2:30Am, from ADDRESS Clearch Learner 22d, LOC		or caunty)	the deceased the stated above DATE SIGNED (State)
23. FUNERAL DIRECTO M. R. Etch		ADDRESS ederick, Maryla	nd	24a. REC'D BY REG		STRAR'S SIGNATI	

1 1 intenders and entitle Some arrays your TE 19 In the old when the court of the court of 9 400020 co 1721 , some first agreement to the second second a feather 1741011 the transfer and applications of and the section of the transfer of

and the same of th

Cat. 1.1529 Hour Posts Canaling

towical foliatest part a continue of all

the beautiful to the state of t

M. R. Etchison & Son, Frederick, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2 VS A15 (4) 15M 9/5B

Frederick

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

USA

Doys

e. IS RESIDENCE

ON A FARME

YES NO A

Yeor

1959

Reg. Dist. No

Mary S. Maloney Address Mr. Daniel S. Landes-Same as Item #2 INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO (County) (Stote) 10/12, 1957, that I last saw the deceased _, and that death accurred at 8:30P_M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 22d. LOCATION (City, town, or county) (State) Maryland Frederick. 24b. REGISTRAR'S SIGNATURE arthur S. Krous DATE CT 1 5 '59

Month

yrs.

October

Months

Calcinopers 22	and Lore		
	1000		0.711 - 11
	evelli di 112	State Del	
	BOOK 101 012	4 4 4 4	
Clare to the control of		ALIEN ALIEN	
	O A Miles	537 T (4)	
			person a contract
7. A		The state of the s	
03.	m refigureshing	ALP , EN	L. nest Tiella
ers	The Vancoury of	Marie 186	Ladau natra
The state of the s			

	11014				K	teg. Dist. No		
1. PLACE OF DEATH o. COUNTY Free	derick	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Maryl	there deceased lived.	If institution:	Residence before rederic	codmissi	on)
b. CITY OR TOWN (IF RURAL and give ne Frederic	foutside corporate limits, write arest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If		ts, write RUR	AL ond give ne	arest town)	
OR INSTITUTION	AL (If not in haspital, give street Memorial Hospi	· · · · · · · · · · · · · · · · · · ·	d. STREET ADDRESS 5 Wes	t Fifth St	reet			DENCE FARM? NO
3. NAME OF DECEASED (Type or print)	First MARY	Middle ROSETTA	Lost LAYMAN	4. DATE OF DEATH	Month Oct	ober 30	-/	eor 9 59
5. SEX Female	6. COLOR OR RACE 7. MAR WIDOW	RIED NEVER MARRIED NEVER MAR	B. DATE OF BIRTH 16 June 187	9. AGE	1	Months Doys	Hours	R 24 HR: Min.
10a. USUAL OCCUPATIO during most of wark HOUSE	DN (Give kind of work done 10b. ing life, even if retired) -WOIK	At Home	STRY 11. BIRTHPLACE (State Maryland	e or foreign country)		USA	FWHATC	DUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN					
George W.	Layman			. Favorite				
	14	-1 -1 -4-0	orge M. Laym	an, Frede	. 6th	St., Md.		
Conditions, if an gove rise to in couse (a), stoting t lying cause lost.	nmediote (Interio por CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE COND	OITION GIVEN	I IN PART 1(a)	19. WAS A PERFOI	RMED2.
OR CONTRIBUTING	MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in		1,7.1	(County)		(Stote
Y 20c. TIME OF INJURY Hour o. m. p. m.	While		ctory, street, office bldg., et	(c.)	,	(33)		(0.2
actual SIGNATURE	at I attended the decear	9 and that death	2 , 1957, to (10:3) accurred at 10:30 M.D. 4 E. Chur	OM, from the co ADDRESS (Street, cit ch St.	uses and	ate)	e stated	abavi E SIGNE
NAME (Type) A 220. BURIAL, CREMATION	. A. Pearre, M.		Frederick	22d. LOCATION (C	ity town as	countyl	21	-1
Burial (Specify)	11-3-59	Methodist Ce		Lewistow			(State	=)
23. FUNERAL DIRECTOR'S M. R. Etch:	s signature ison & Son, Fre	ADDRESS ederick, Maryla		NOV 2 '59		Chun S. Kr		

after death. Page 4

069

may be retained by the haspital or ottending physician.

D FUNERAL CTOR: After this certificate has been signed by the ottending physician and campletely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, or removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours may be retained by the haspital ar ottending physician.

TO FUNERAL

TO FUNERA

(mederius	Kept Cross II		
	School St.		
The same		and the second	the Tabel
e Teledada	2,710	Markon essentiale	
	and the second		

CAMPBELL . CHARGE

gereless. Calbo DERECTOR OF THE RESIDENCE OF THE PROPERTY OF THE PARTY OF

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

23343				Keg. Dis	T. NO.
1. PLACE OF DEATH D. COUNTY	MARYLAND	2. USUAL RESIDENCE (Who	b. co	UNTY	
Frederick		Maryland			gomery /
 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	utside carporate limits, w	vrite RURAL ond g	ive nearest town)
Frederick	10 hours	Barnesvil	lle	15 x	4
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Frederick Memorial Hospits	<u>Al</u>				YES NO
3. NAME OF DECEASED (Type or print) STRUM	Middle V	LILLARD	4. DATE OF DEATH	Month /O	30 19 59
5. SEX 6. COLOR OR RACE 7. MAI	RRIED T NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In		1 YEAR IF UNDER 24 HAS.
F W WIDOV		Jan. 26-1892		yrs. Months	Days Hours Min.
Oo. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote of	or foreign country)	12. CITI	ZEN OF WHAT COUNTR
Housewife		Maryland		U	S.
3. FATHER'S NAME		14. MOTHER'S MAIDEN N.	AME		
William KXXXX Ren	1	Rebeco	ca Smith		
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16		NFORMANT	V-30	Address	
(Yes, no, or unknown) (If yes, give war or dates of service)	Towns Man	J. R. zillard. I	Domina mani 3 7 -	16000-7	2
18. CAUSE OF DEATH [Enter only one cause per		212222	Barnesville	Mamylan	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	(c), (c), ond (c).	6	,		ONSET AND DEATH
IMMEDIATE CAUSE (o)	ereno nuscula	V aleeden	1		20-hours.
DUE TO	1 0	1			
Conditions, if any, which) (b)	exterio selensi.	s cenerals	scal	4	yeurs.
gove rise to immediate coese (o), stoting the under-		, 5			0
lying cause lost. (c)					
	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITIO	N GIVEN IN PART	1(a) 19. WAS AUTOPSY
САПС					PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	ort I or Port II of item 1	8.)	
Hour a.m. While		ACE OF INJURY (Home, farm, ctory, street, affice bldg., etc.)	20f. (City or town)	(C	ounty) (State)
21. I certify that Lattended the decea	sed from 10/30	. 1959 to	10/30 1	S That I I	ast saw the decease
alive an /0/30 .19	5%, and that death	100/	0. 6		
12	, ond mar deam		DDRESS (Street, city or		ie date stated abav DATE SIGNI
ACTUAL POPULATION	Kour So	0 6	1 00	1 0-4	10/01
SIGNATURE / Cellifiel C.	1 cyrules	M.D	nt Usur	为	10/30/3
PHYSICIAN'S RICHARD C.	REYNOLDS,	4.0	Vederile,	Mel.	
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, I	lown, or county)	(Stote)
Burial 11/2/59	Mt Olivet		Fraders	ole Ma	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D		REGISTRAR'S SIG	NATURE
Constance C. Helton	Barnosire	le Mid DATE PAPE	W 3 '59	Carles 9	2
The state of the s	1 SUUDOUUU	1110	IV. al alc	4 3 m/4 2 5000 A	A 19 B

At he will get	HTARO RO ST	CERTIFICA	ggr	
	water contains posts a		RESERVED TO THE	
Walling State				Y 1
			CHESTATION OF	
	ALTERNATION	Corporation D.Co.		
	Comit works and		Cal Street	
		Commentable)	25000 9 200	
, and the second	A HO			
		ラインストリーを利用を		
				TO THE WAY THE THE ME
The state of the s				
			CONTRACTOR POR	SAT SET STILL ST STATE
				Committee of the commit
SW and a second	da escularo e 2000		or us	
	A SHALL MANAGE OF STREET			
				Scottle Field Attendary 1847
	Man F Solemen			THE RESIDENCE OF
STAR STAR STAR STAR STAR STAR STAR STAR				
				Plante House to early
	a New York and the		1	
			The said	
		3.500005005500		

MARYLAND STATE OFF ARTMENT OF HEATTH -RALTIMORE, TO

after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1 tom 8 FilmG251 11-5-59 et CERTIFICATE OF DEATH

11375

	11390		CERTITIO	AIL OF L	LAII			Reg. Dist	. No.	
1. PLACE OF DEATH o. COUNTY	Frederick		MARYLANI		ence (wh		lived. If instituti b. COUNTY	Fred	e before odn	nission)
b. CITY OR TOWN (RURAL and give n	(If outside corporate limits nearest town)	s, write	c. LENGTH OF STAY IN 1				ote limits, write F	RURAL ond gi	ve nearest to	own)
Bruns			Life	Bruns	wick	35				
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, gi	ve street o	address)	d. STREET A	DDRESS	1			e. IS F	RESIDENCE
	East Poto	mac	Street	East	Poto	mac S	treet			☐ NO €
3. NAME OF DECEASED (Type or print)	Eugene		Middle	Long	•	4. DATE OF DEATH	10 Mor	2	6 Day	Year 1959
5. SEX	6. COLOR OR RACE	7. MARRI	IED NEVER MARRIED	8. DATE OF BIRTI	Н	5	AGE (In years	-	YEAR IF UN	-
Male	White	WIDOWE	D DIVORCED	10-15-	-1989	1914	last birthdoy) 45 yrs.	Months [Days Hou	rs Min.
Oa. USUAL OCCUPATION during most of wor	ON (Give kind of work dirking life, even if retired)		KIND OF BUSINESS OR IN				intry)		EN OF WHA	COUNTRY
Press Ope		I	Price Elect	ric Mar	rylar	nd		U.	S.A.	
3. FATHER'S NAME		-		14. MOTHER'S	MAIDEN N	IAME				
	William	H.L	ong		N	innie	F.Bro	wn		
15. WAS DECEASED EVI	ER IN U. S. ARMED FORCE	ES? 16. S		INFORMANT			Add	lress	A FIT	- F
No	(If yes, give war or dates of ser	rvice}		Mr.W.H.I	Long	В	runswi	ck, Ma	rylar	nd
	ATH [Enter only one cou	se per lin	e for (o), (b), and (c).]						INTERVAL	BETWEEN
PART I. DE	ATH WAS CAUSED BY:	P	ulmonary Ed	lema					ONSET AN	ND DEATH
581.1	IMMEDIATE CAUSE (o)		occinionally as	z OIIICi,						1
Conditions, if	and the A	Т.	iver Cirrho	าสาส					24	hrs
gove rise to	immediate (D)	. لبله	TAGE OTLINE	1272					27	III 9
couse (o), stoting lying couse lost.		C	hronic Alco	holiem					110,000	
_	, (c).		ONTRIBUTING TO DEATH E		THE TERM!	NAL DISEASE	CONDITION GIV	VEN IN PART	1(o) 19. WA PER YES	RFORMED?
	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCUP	RED. (Enter noture o	f injury in I	Port I or Port	II of item 1B.)			
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Year 19	While of work	Not while	PLACE OF INJURY (I foctory, street, office	Home, form bldg., etc	20f. (City	or town)	(Co	ounty)	(Stot
			ed from March				1959			
alive on OC	tober 26,	_, 19	59_{-} , ond that dec	th accurred at						
ACTUAL SIGNATURE	PHA	<	ac	M.D. 15		,	eet, city or town,		D	ATE SIGNE
PHYSICIAN'S NAME (Type)	C.T. Byror	n Kad	o, M.D.				la ryla n			
220. BURIAL, CREMATIC BURIAL (Specify	10-28-19		22c. NAME OF CEMETERY Brethern I				ON (City, town, vnsvill			d d
23. FUNERAL DIRECTOR		יוויי	ADDRESS	and	24a. REC'	D BY REGISTR		STRAR'S SIG	NATURE	

Pages 1 and 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hairmay be retained by the hospital ar ottending physician.

TO FUNERAL ECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 shows be detached far use as the buriol-transit permit. Then please remaye carbon papers. Pages 1 one the registror priar to burial, crematian, ar remayal, and in any event within 72 hours after death. VS A15 (4) 15M 9/5B

CHECK TO THE PARTY OF THE PARTY			
			Carlotte and the second
	hundstand		The state of the state of the state of
ALABAMA TO THE	AHRES THE		Marketon P
	io wester	22.0	To Seeming 1
	oud flament of day	de Street	Model Isua
	CT WATER TO THE	67	although the second
			alto all
	Page 1	Value of the second	
			A sector alor.
5 4 A	The Paris of the State of the S	Note to a few sections of	Ties was a power
	. E simula		
- 1 - V - 20			Herricia i
E DEL LYMINI, ME WIL	and a canet. H.	T. T.	
			The state of the s
		THE REAL PROPERTY.	
Marc 1 1/5		在工作的进行	
	= 8	Maria Will Martine	
Mark Charles and Control of the Cont			
	and property and the contract of		
	•		
	20 (2) 1 (2) 1		
E HALLENS BEEN	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO PE	A Mary mentioners A	proteit superior
		hora Evenu , skolumn	

HEALTH DEPT.

necessary, please rd of Health, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is n execute the certificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral, 4 should be useded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retain.

TO FUNERAL ECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, cremation, or removal, and in any event within 12 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11/09	Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY Trestarck MARYLA	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Wassaland. COUNTY Frederick
b. CITY OR TOWN (II outside corporate limits, write RURAL and give nearest town)	1b c. CITY OR TOWN (If ounide corporate limits, write RURAL and give nearest town)
Elman Ruda RAT Role	X Verson Bridge RST
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
3. NAME OF First Middle	YES NO NO
(Type or print) Correral Rosas	Mackley DEATH October 13 1939
5. SEX 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED DIVORCED DIVORCED DIVORCED	8 ATE OF BIRTH 9. AGE (In years lift UNDER 1YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN during most of working life even if retired)	DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	11 1 TRACTICK CO- 100 J-90
Samuel Imackley	Orgenia Molesworth
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. [If yes, give wor or doler of service] 179-20-3/89	In somary Edna mackley Union Bridge
18. CAUSE OF DEATH [Enter only one couse per ling for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	MISET AND DEATH
976 × DUE TO	minus oran minus
Canditions, if any, which) (b)	
gave rise to immediate cause (a), stating the underlying DUE TO	
couse last. (c)	
	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO [2]
700. EXTERNAL CAUSE WAS PRIMARY SO OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.	Le (Enter noture of injury in Port I or Part II of item 18.) Laura Shot a warmed in brans
	PLACE OF INJURY (Home, form, 120f. (City or lown) (Geputy) / (Slote)
Hour o. m. 10/13 1937 While Not work of work of work	factory, street, office bldg., etc.)
21. I certify that I took charge of the remains described	1 101
opinion death resulted from: Natural causes, Accide	
ACTUAL Blokemas	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
EXAMINER'S B.O. JAOMas, M.D.	ASSISTANT MEDICAL EXAMINER DOTTOLOR 13, 1959
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER	Y OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
BURIAL VOCT 15-1959 BRETHRE	N ROCKY RIDGE MO
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
DD Harples V Janes Union Bri	day Mid DATE OCT 16'59 arily 8 thous

esh. Commence in Allera Commence of Commence of

VS A15 (4) 15M 10/57

		1	-	
1	1	4	1	1
1	1	N		1
	1	-	y	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

	Keg. Dis	r. 140.
1. PLACE OF DEATH O. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE Mary and b. COUNTY	e befare admission)
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	ive nearest town) 3 Vd 1 - 4
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION. Victor Cillen State Hospital	d. STREET ADDRESS 1514 Light Street	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Farme Middle MaE	Mars DATE Month OF DEATH 10	Day Year 28 1959
WIDOWED DIVORCED D	5-28-1905 Stribday) Manths	YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working, life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITI	ZEN OF WHAT COUNTRY
13. FATHER'S NAME Ballard Preston Marrs	Roxie Flemmings	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes. no. or unknown) (If yes, give wor or dotes of service) 214-30-440 K	second of Victor Cullen t	tospil tal
1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	uberculosi's - 002	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate cause (a), stating the <u>under-lying cause last.</u> (b) DUE TO (c)		
PANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT typestensive heart disea		1(a) 19. WAS AUTOPSY PERFORMED? YES NO P
(IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Manth, Doy, Year Hour a. m. 19 While Not while at wark 19 at wark 19	ACE OF INJURY (Home, form, 20f. (City ar tawn) (Cotary, street, office bldg., etc.)	ounty) (Stote)
21. I certify that I attended the deceased from 8 28 alive an 1012-7 19 9, and that death		ast saw the deceased
ACTUAL T.J. VESTAL	ADDRESS (Street, city or town, state)	DATE SIGNED
PHYSICIAN'S Thomas F. Vestal,	Victor Cullen State	Hospital
220. BURIAL (REMATION, 22b. DATE THEREOF BURIAL (Specify) 10-30-59 Blue Ridge C	R CREMATORY 22d. LOCATION (City, town, or county)	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN OCT 3 0 '59 Outlany 8	NATURE

		SHALL SHALL	
off starts in	0000 S 100		

910	8		200
Se	polo		400
o i o	sh	1	200
χ.	0	1	~
SSOT	Pag	1	200
ece	F.		5
is n	100		101
6	4		
del	P	UL Y	ctra
Suy	une	, yo	
If o	Je f	for	9
÷.	0	ned	4
deal	3	etai	3
er	pup	0	2
off	5	ly b	Ö
Surs	-,	E	240
1 ho	ge	e 5	000
2 2	e P	Pag	9
ithi	Š.	3	LL
3		PM	· mi
ute	E	ELI	6
xec	E e	h fo	neit
90	2.	· ×	·tra
P	ncil	Bul	rior
Fau	å	00	hu
e s	-=	fice	25.0
00	ing	Ö	pe
ertif	end	S . Ja	118
is c	٠.	nine	f be
H	ord	XOT	oulc
ER:	3	10	3 sh
N N	中年	adic	oe.
XA	tin	×	0.
33	¥	hiel	OR
CA	ote,	0	CT
ED	Fic	F	SR.
Z W	Cert		ì
5	he	rde	ER
DEP	te t	MO	3
0	C	0	0
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please exe-			-
VS	. A	15/	ME

5M 9/55

			Δ				Reg. L	list, No	0, 1 -	
1. PLACE OF DEATH		~~ 2.2	V	2. USUAL RESIDENCE (lence be	fore adm	ission)
	Frederick	2	MARYLAND	o. STA Martl	and	b. COUNT	ward			- V
and give nearest to	(If outside corporate limits, write		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (d give :	nearest to	ıwn)
Frederi	ck R.F.D.2	5	Hours	Popla	r Spr	ings		8.5	13X	.2
d. NAME OF HOSI	PITAL OR INSTITUTION (I	If not in hosp	ital, give street address)	d. STREET ADDRESS					ON	A FARM?
3. NAME OF DECEASED	Fin	nf fe	Middle	Last	4. DATE	Manti	h	Day	,	fear
(Type or print)	Jame	28	Edward	Mathias	DEATH	Ontober	I	8	1	959
5. SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	. DATE OF BIRTH		9. AGE (In years	IF UNDER	-		ER 24 HRS.
Male	White	WIDOWED	DIVORCED	March 9.18	390	lost birthdoy) 69 yrs.	Months	Days	Hours	Min.
100. USUAL OCCUPA	TION (Give kind of work	dane 10b. Kl	ND OF BUSINESS OR INDUS				12. CIT	IZEN O	F WHAT	COUNTRY
Reti	red Farmer	0 6	igniculture.	Maryland	1		TT	.s.	Δ	
13. FATHER'S NAME	13			14. MOTHER'S MAIDEN			,			
Sanyane	s Mathias			Cotherin	ie h	Temes	ey			
15. WAS DECEASED	EVER IN U. S. ARMED FO		OCIAL SECURITY NO. 17.	NFORMANT		Address	1			
(Yes, no, or unknown)	In yes, give wor or other or	service)	M	rs, Nellie	Mathi	as.Mt. A	irv	RF	D :	2
18. CAUSE OF DE	EATH [Enter only one cau	se per line f	or (a), (b), and (c).]			- Jac - 11		INTE	RVAL BETW	EEN
PART I. DE	ATH WAS CAUSED BY:	(Coronary Oce	clusion					et and de	
142	DUE TO							IV.	rmar	.68
0.7 700.7										
Conditions, if	ony, which)		Artero Sclen	rosis				77	0	
Conditions, if gave rise to imm	nediate cause		Artero Sclen	rosis				Y	eare	3
	underlying DUE TO		Artero Scle	rosis				Y	ears	3
gave rise to imm (o), stating the cause lost.	underlying DUE TO (c).				INAL DISEAS	E CONDITION GIV	EN IN PAR			
gave rise to imm (o), stating the cause lost.	underlying DUE TO (c).		Artero Scle		INAL DISEAS	E CONDITION GIV	EN IN PAR	RT 1(a) 1	9. WAS PERFO	AUTOPSY DRMED?
gave rise to imm (o), stating the cause lost.	o underlying DUE TO (c) OTHER SIGNIFICANT CONI	DITIONS CO		NOT RELATED TO THE TERM			EN IN PAR	RT 1(a) 1	9. WAS	AUTOPSY
gave rise to imm (o), stating the cause lost. PART II. C	o underlying DUE TO (c) OTHER SIGNIFICANT CONI	DITIONS CO	NTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERM			EN IN PAR	RT 1(a) 1	9. WAS PERFO	AUTOPSY DRMED?
gave rise to imm (o), stating the cause lost. PART II. O PART II. O PRIMARY or C PRIMARY or C CAUSE OF DEATI	andiate couse DUE TO (c). Outher SIGNIFICANT CONI AUSE WAS ONTRIBUTING 200 AUSE WAS ONTRIBUTING 14.	DITIONS COL	NTRIBUTING TO DEATH BUT N HOW INJURY OCCURRED. (I	NOT RELATED TO THE TERM inter nature of Injury in Pai CE OF INJURY (Home, for	t I ar Part II			RT 1(a) 1	9. WAS PERFO	AUTOPSY PRMED? NO [
gave rise to imm (o), stating the cause lost. PART II. O PART II. O PRIMARY or C PRIMARY or C CAUSE OF DEATI	indefiate couse of underlying DUE TO (c). OTHER SIGNIFICANT CONI AUSE WAS ONTRIBUTING 200 ONTRIBUTING 4.	DITIONS COL	HOW INJURY OCCURRED. (I	NOT RELATED TO THE TERM	t I ar Part II	af item 18.)		RT 1(a) 1	9. WAS PERFO	AUTOPSY DRMED?
gave rise to imm (o), stating the cause lost. PART II. O PART II. O PART II. O O O O O O O O O O O O O	AUSE WAS ONTRIBUTING 200 AUSE WAS ONTRIBUTING 201 AUSY Month, Day, Year 19.	DITIONS COL	HOW INJURY OCCURRED. (I	NOT RELATED TO THE TERM inter nature of Injury in Par CE OF INJURY (Home, form ary, street, office bldg., etc.	n, 20f. (City	af item 18.) y or town)	(Co	RT 1(a) 1	9. WAS PERFC YES	AUTOPSY PRMED? NO [
Que rise to imm (o), stating the cause lost. PART II. O PART II. O PART III. O PRIMARY or C CAUSE OF DEATI 20c. TIME OF INJ Hour o. n p. n 21. 1 certify	AUSE WAS ONTRIBUTING DAY, Yea URY Month, Day, Yea that I toak charge	b. DESCRIBE 27 20d. In White of work	HOW INJURY OCCURRED. (INJURY OCCURRED AND AND AND AND AND AND AND AND AND AN	NOT RELATED TO THE TERM inter nature of Injury in Part CE OF INJURY (Home, farr ary, street, affice bldg., etc.) ve, held an Autops	n, 20f. (City	of item 18.) y or town)	(Co	er 1(a) 1	9. WAS PERFC YES	AUTOPSY PRMED? NO [
Qave rise to imm (o), stating the cause lost. PART II. O PART II. O PART III. O CAUSE OF DEATI 20c. TIME OF INJ Hour o. n p. n 21. 1 certify	AUSE WAS ONTRIBUTING 200 AUSE WAS ONTRIBUTING 201 AUSY Month, Day, Year 19.	b. DESCRIBE 27 20d. In White of work	HOW INJURY OCCURRED. (INJURY OCCURRED AND AND AND AND AND AND AND AND AND AN	NOT RELATED TO THE TERM inter nature of Injury in Par CE OF INJURY (Home, form ary, street, office bldg., etc.	n, 20f. (City	af item 18.) y or town)	(Co	er 1(a) 1	9. WAS PERFC YES	AUTOPSY PRMED? NO [
Qave rise to imm (o), stating the cause lost. PART II. O PART II. O PART III. O CAUSE OF DEATI 20c. TIME OF INJ Hour o. n p. n 21. 1 certify	AUSE WAS ONTRIBUTING DAY, Yea URY Month, Day, Yea that I toak charge	DITIONS COL	HOW INJURY OCCURRED. (INJURY OCCURRED. (INJURY OCCURRED) Not while at work mains described about Accident , Sui	not related to the term inter nature of Injury in Par CE OF INJURY (Home, forr ary, street, affice bldg., etc. ve, held an Autops cide [], Hamicide	y , U	of item 18.) y or town) Inspection , ndetermined c	(Co	er 1(a) 1	9. WAS PERFC YES	AUTOPSY PRMED? NO [] (State)
Qave rise to imm (o), stating the cause lost. PART II. O PART II. O PART II. O PRIMARY ar C CAUSE OF DEATI 20c. TIME OF INJ Haur o. n p. n 21. 1 certify death resulte	AUSE WAS ONTRIBUTING DAY, Yea URY Month, Day, Yea that I toak charge	DITIONS COL	HOW INJURY OCCURRED. (INJURY OCCURRED AND AND AND AND AND AND AND AND AND AN	inter nature of Injury in Par CE OF INJURY (Home, forrary, street, office bldg., etc. ve, held an Autops cide, Hamicide M.D. CHIEF MEDICAL E.	1 I or Port II	af item 18.) y or town) Inspection , Indetermined c	(Co	er 1(a) 1	9. WAS PERFO	AUTOPSY PRMED? NO [] (State)
gave rise to imm (o), stating the cause lost. PART II. O PART II. O PART II. O CAUSE OF DEAT 20c. TIME OF INJ Hour o. m p. m 21. I certify death resulte ACTUAL SIGNATURE EXAMINER'S	AUSE WAS ONTRIBUTING 20 10 10 10 10 10 10 10	DITIONS COL	HOW INJURY OCCURRED. (I HOW INJURY OCCURRED. (I HJURY OCCURRED foct at work foct emains described about Accident , Sui	inter nature of Injury in Pai CE OF INJURY (Home, for ary, street, affice bldg., etc. ve, held an Autops cide, Hamicide M.D. CHIEF MEDICAL E. ASSISTANT MEDIC	y , U XAMINER AL EXAMINE	af item 18.) y or town) Inspection , Indetermined c	(Co Inqui	only)	9. WAS PERFO YES , and	AUTOPSY PRMED? NO [] (State)
gave rise to imm (o), stating the cause lost. PART II. O PART II. O PART II. O PART II. O CAUSE OF DEATH 20c. TIME OF INJ Hour o. m p. m 21. I certify death resulte ACTUAL SIGNATURE EXAMINER'S NAME (Type)	AUSE WAS ONTRIBUTING DIVETO LIVEY Month, Day, Yea That I toak charge and from: Natural of B.O.Tho	DITIONS COL b. DESCRIBE 20d. In While of war of the recauses 2 mas, M	HOW INJURY OCCURRED. (I JURY OCCURRED Not while at work mains described about Accident , Sui	inter nature of injury in Pai CE OF INJURY (Home, forrory, street, affice bidg., etc. ve, held an Autops cide, Hamicide M.D. CHIEF MEDICAL E. ASSISTANT MEDICAL DEPUTY MEDICAL	n, 20f. (City) y ,	of item 18.) or town) Inspection	Inquirause	only)	9. WAS PERFO YES , and	AUTOPSY PRMED? NO [] (State)
gave rise to imm (o), stating the cause lost. PART II. O PART II. O PART II. O PART II. O PRIMARY or C CAUSE OF DEATI 20c. TIME OF INJ Hour o. m p. m 21. I certify death resulte ACTUAL SIGNATURE EXAMINER'S NAME (Type)	AUSE WAS ONTRIBUTING 20 AUSE WAS ONTRIBUTING 19 that I toak charge ad from: Natural of Book Date Thereo.	DITIONS COL b. DESCRIBE 20d. In While of war of the recauses 2 mas, M	HOW INJURY OCCURRED. (I HOW INJURY OCCURRED. (I HJURY OCCURRED foct at work foct emains described about Accident , Sui	inter nature of injury in Pai CE OF INJURY (Home, forrory, street, affice bidg., etc. ve, held an Autops cide, Hamicide M.D. CHIEF MEDICAL E. ASSISTANT MEDICAL DEPUTY MEDICAL	n, 20f. (City) y ,	af item 18.) y or town) Inspection , Indetermined c	Inquirause	only)	9. WAS PERFO YES , and	AUTOPSY PRMED? NO [] (State)
gave rise to imm (o), stating the cause lost. PART II. O PART II. O 200. EXTERNAL C CAUSE OF DEATI 20c. TIME OF INJ Hour o. n p. n 21. I certify death resulte ACTUAL SIGNATURE EXAMINER'S NAME (Type) 220. BURIAL CREMAT	AUSE WAS ONTRIBUTING DE TO CONTRIBUTING DE TO CONTRIBUTION DE TONTRIBUTION DE TO CONTRIBUTION DE TO CONTRIBUTION DE TO CONTRIBU	DITIONS COL b. DESCRIBE 20d. In While of war of the recauses 2 mas, M	HOW INJURY OCCURRED. (I JURY OCCURRED Not while at work mains described about Accident , Sui	CE OF INJURY (Home, farrary, street, office bldg., etc. We, held an Autops cide, Hamicide, Hamicide, ASSISTANT MEDICAL EASSISTANT MEDICAL CREMATORY	n, 20f. (City) y ,	of item 18.) y or town) Inspection , ndetermined co Coto Tion (City, town, co Tiran 24b. REGIS	Inquire Description	18.	9. WAS PERFOYES D	AUTOPSY PRMED? NO [] (State)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

and application vitable and TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours may be retained by the hospital ar attending physician.

TO FUNERAL CTOR: After this certificate has been signed by the attending physician and campletely filled in the page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 may be retained by the hospital ar attending physician. **D FUNERAL**CTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shaula be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar priar to burial, crematian, ar removal, and in any event within 72 hauys after death.

Pages 1 and 2 should be filed with

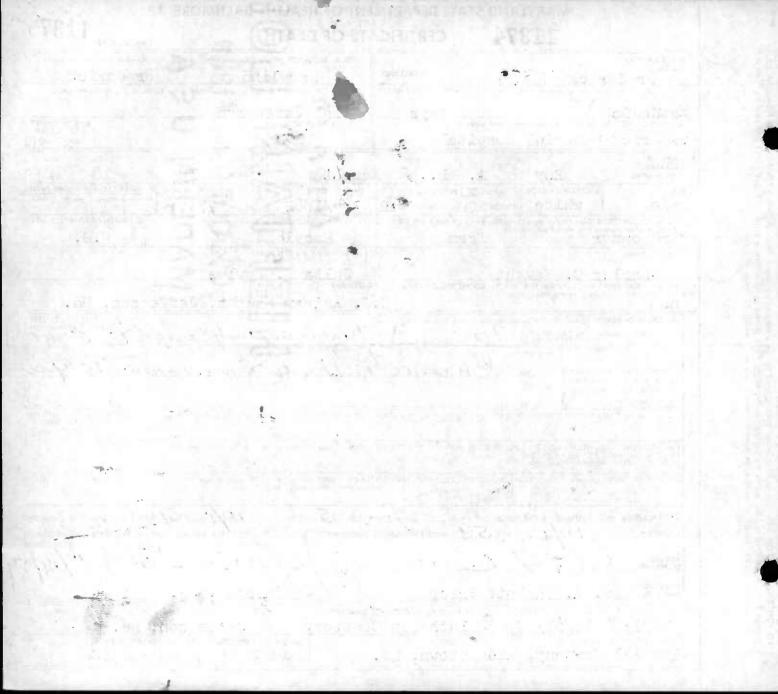
after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11374 **CERTIFICATE OF DEATH**

			1	1	3	1	6
Reg.	Dist.	No.	_		-		

1	a. COUNTY		30		1732	11	USUAL RESIDENCE o. STATE	(Where decease	d lived. If instituti		efore odm	ission)
	Frede	a from other states			MARYLA		Mar	yland	B. COUNT	Frede	rick	-
	b. CITY OR TOWN (If RURAL and give nee	outside corporate lim- arest town)	its, write	c. LENG	GTH OF STAY IN	1 16	c. CITY OR TOWN	(If outside corpo	rote limits, write F	RURAL ond give	nearest to	wn)
	Frederick			2	days	X	Rural Je	efferso	n			
1	d. NAME OF HOSPITA	3.7	*			1/	d. STREET ADDRES	SS			e. IS R	ESIDENCE A FARM?
	rederick	Memorial	Hos	pita	al		. 17				YES	D NO D
:	3. NAME OF DECEASED	Fi	rst		Middle		Lost '	4. DATE OF	Mor	nth	Day	Yeor
	(Type ar print)	Roy		A.	B	Mai	1ght	• DEATH	10		.8	19 59
	S. SEX	6. COLOR OR RACE	7. MARR	1 3 0 3 15	NEVER MARRIED	☐ B. D	ATE OF BIRTH		9. AGE (In years last birthday)			
	male	white	WIDOWS	ED 🗌	DIVORCED		3/4/1882		77 yrs.	Months Da	/s Hour	s Min.
1	10a. USUAL OCCUPATIO	no life even if retired	done 10b.	KIND OF	BUSINESS OR	INDUSTRY	11. BIRTHPLACE (S	state or foreign c	ountry)	12. CITIZEN	OF WHA	COUNTRY?
	farm owne	r	"	fari	n		Maryl	and		J	.S.	
	13. FATHER'S NAME	E LIVE D		30		1-	MOTHER'S MAID	EN NAME	STATE OF			
1	Charle	s C. Mau	cht			190	Julia K	Bowl	110			
	IS. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL :	SECURITY NO.	INFO	RMANT	TO NOT		Iress		
	(Yes, no. or unknown) (I	f yes, give wor or dates of s	service)			C.J	Andrew	Maugh	t. Jeff	erson.	Md.	
-	IB. CAUSE OF DEAT	TH [Enter only and co	use per lis	ne far (a)	(b), and (c),]				- "		NTERVAL	
1	PART I. DEAT	H WAS CAUSED BY:	7	120.		47	1111110	wellin	Precion	axx	NSET AN	D DEATH
	500.0	IMMEDIATE CAUSE (d		nex	nea		regaco	0	aung	o cores	-	MO
	Cardillan		(DA		· W	,00	1.00		. 01	110 -	1111
	Conditions, if on gove rise to im	mediate		M	rome	16	chri	us	yuca	rain	10	900
	lying couse last.	he under-)									
		ER SIGNIFICANT CON		CAITRIRI	ITING TO DEAT	H BUT NO	P BELATED TO THE T	EDIAINIAL DICEAC	E CONDITION ON	VENTUAL DADE 1/	1 10 M/A	VOROTILA
		EK SIOIVIIICAIVI COIV	ionions_c	ONTRIB	DINO TO DEAT	T BOT NO	REDATED TO THE IT	EKMINAL DISEAS	E CONDITION GI	AEIA IIA LWKI 16	PER	ORMED?
	20a. ACCIDENT WAS	LINDERLYING T	20h DES	CDIDE NO	NA INTILIBY OCC	TURRED /S	nter noture of injury	in Dort I hit Poir	t.II of item 18)		152] NO []
	OR CONTRIBUTING	CAUSE OF DEATH	200. 0230	CKIDE TIC	W INJURI OCC	.UKKED. (E	mer notore of injury	y in ron la to	i or nem ro.)			
	20c. TIME OF INJURY Haur o. m.	Manth, Day, Ye					OF INJURY (Hame, street, office bldg.		or town)	(Cour	ity)	(State)
	Haur o.m.	19	While of wor		t while work	delaly	sireer, office blog.,	, erc.)				
	21 I cortify the	at I attended the	deceas	ed from	,	un	£ 105) to	16	1/18 1054	that I last :	mu the	deserved
	alive an	1/2/17	10	59		anth an	curred of		1-1-U-1 12/			
	dive dil	111	10	-	Sana mara	eam ac	corred di 3	ADDRESS (S	the causes ar	la on the a	ore star	ATE-SIGNED
	ACTUAL	0	7/	5	1110		1,	8/00	(11)	MICI	10	licition
	SIGNATURE	1,0		X/	Vice	M.D.	1	Jyo C	July .	1	/	1773
	PHYSICIAN'S NAME (Type) DT	. A. Tal	bott	Bri	Lce		Jef	ferson	, Md.		-	
2	220. BURIAL, CREMATION	N. 22b. DATE THEREC	OF	22c. N.	AME OF CEMET	ERY OR CR	EMATORY	22d. LOCA	TION (City, town,	or county)	(S	ate)
	DUTI al	10/21/1	959	L	atherar	n Cer	netery	Je	fferson	, Md.	,	
2	3. FUNERAL DIRECTOR'S		1	7.00	DRESS			REC'D BY REGIST		ISTRAR'S SIGNA	THE	
- 1		Company,			town, 1		2.40.	OCT 2 2 '5	ZAD. KEOI	31011	TOKE	



	or,	E.	0	2.55
	20	P		R.
	9	115		10
	ero	å	-	-
	fun	plo		
	the	Sho		
•				
	-	0		
	ed	2		
	E V	oge		
	le)	۵		
	ple	ers.		_
	COT	do	St.	
	g	ä	P	
	0	arb.	N.	-
	icio	9	50	
	hys	NOW	500	
	9	5	72	
	din	Ose	- L	
	tter	Pe	# in	
	9	Pen	ut	
	y th	=	eve	
	Q.	ii.	ny	
	Jue	Ser	in o	
	. 25	Sit	2	
200	eer	Lon	0,	
hud	os p	-	DAG	
5	P P	-unc	em	
ğ	Cat	he	20	
211e	rtiff	35 +	an'	
6	S Ce	3	otic	
ō	Ť	מים	ren	
Š	Her	P	7,	
ž	¥ ::	che	Urid	
Ē	0	eto	0	
0	ECT	e d	3 10	
nec	02		pri	
may be relained by the hospital of attending physician.	AL	page 3 sho be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 as thould be filed with	P	
9	ER	3 5	gist	
3 6	5	ge	re	
E	0	8	幸	

VS A15 (4) 15M 9/55

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4

	4.4	XII	CERTIFICA	ATE OF DEATE		Reg. Dist. No.	
1. PLACE OF DEATH	rederick		MARYLAND	2. USUAL RESIDENCE (Who a. STATE)	ere deceased lived. If institution of b. COUNT		e admission)
RURAL ond giv	Misera	U	ife In 16	× New m	utside corporate limits, write	RURAL ond give nea	rest town)
d. NAME OF HO OR INSTITUTION	SPITAL (If not in hospital, ON	offe street address)	0	d. STREET ADDRESS	1		ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	EMMA	LAU	Middle RA	MCCLAIN	4. DATE MCOF DEATH	7. 3c	19 59
5. SEX	6. COLOR OR RACE	WIDOWED 1	DIVORCED [8. DATE OF BIRTH aug. 14, 187	9. AGE (In year last birthday)	Months Days	Hours Min.
during most of	ATION (Give kind of work working life, even if retire	done 10b. KIND OF B	USINESS OR INDU	mary	land	12. CITIZEN O	S.A.
13. FATHER'S NAME	is Re	uner		auaido	a Harshm	au	
15. WAS DECEASED (Yes, no. or unknown)	EVER IN U. S. ARMED FO		CURITY NO. 17.	r. Jasne. T	enner Now	Midwa.	, ml.
	DEATH (Enter only one of DEATH WAS CAUSED BY: IMMEDIATE CAUSE		b), and (c).)	re Cusin		ONS	RVAL BETWEEN ET AND DEATH
gave rise to	immediate (161 Chi Ca	who Re	nal Tascur	law Proces	C	10 ye
lying cause lo	osf.	(c)	NG TO DEATH BUT	NOT RELATED TO THE TERMI	NACITICACO SPASSION C	IVEN IN BART V. 1	B WAS ALITORSY
ICATIC T						IVEN IN PART I(d)	PERFORMED? YES NO P
(IF EITHER, NOT	WAS UNDERLYING ING CAUSE OF DEATH IFY MEDICAL EXAMINER	ZUG. DESCRIBE HOW	INJURY OCCURRE	D. (Enter nature of injury in P	'ort I or Part II of item IB.)		
ZOc. TIME OF IN Hour a. p.	m. 10	ear 20d. INJURY OCC While Not w at work at wo	hile fa	ACE OF INJURY (Home, form, clary, street, office bldg., etc.	20f. (City or town)	(County)	(State)
21. I certify	that I attended th	- 55	10-15	1959, to /	0-2-9 , 19-4		w the deceased
ACTUAL SIGNATURE	49, B	Zum	A seal		ADDRESS (Street, city or town		DATE SIGNED
PHYSICIAN'S NAME (Type)	U.G. B	OUTNE	1/2	Ju	lunk &	M	
BUNIAL CREMA REMOVAL (Spec	Nov. 2	1959 Por	ky Rid	ge Cerutery	Rocky R	dge	(State) md.
1.C.B	artan	Walker	V V	MA DATE NO		other S. Krau	

HTX30 TO STADRITHED Artist time by the part of the conall the first and that of the and december point specially from the property and made to see that will be an invested in the or by through a fine

	11412 CERTIFICA	ATE OF DEATH Reg. Dist. No.
1.	PLACE OF DEATH o. COUNTY FREDERICK MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) Mastate b. COUNTY Frederick c. CITY OR TOWN (Voutside corporate limits, write RURAL and give nearest town)
-	ANAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	Rocky Ridge /d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
3.	NAME OF DECEASED (Type or print) NOAL E	Lost 4. DATE Month Day Year OF DEATH OCTOBER 7 1959
	Mace WHITE WIDOWED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years less hierholds) NOV. IO. L877 STRY 11. BIRTHPLACE (State or foreign country) 9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
L	duing most of working life, even if retired) Ringling Bros	FREDERICK, Md. U.S.A.
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (If yes, give wor or dates of service) 220-20-49624	uth Cruciford R.n. Supt. Frederick County, Chang
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost. Cause OF DEATH (Enter only one cause per line for (a), (b). and (c).] DUE TO (b) DUE TO (c)	al Infarct Interval BéTWEEN "ONSET AND DEATH 10 700000
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
- 1		ED. (Enter nature of injury in Part I or Part II of item 18.) ACE OF INJURY (Home, form. 120f. (City or town) (County) (State)
MEDICAL	Hour o. m. p. m. 19 While Not while for work of work of work 21. I certify that I attended the deceased fram.	4, 1947, ta_C+7
	10 . 1 5	accurred at 10.30 PM, from the causes and an the date stated abave. ADDRESS (Street, city or town, state) DATE SIGNED M.D. 771 Marker of Friduces Mrs. Oct Fur
7	PHYSICIAN'S NAME (Type)	FTERCULAR MA. OR CREMATORY 22d. LOCATION (City, town, or county) (State)
23	Burial Oct. 10.1959 Mt Tabor FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Cem Rocky Ridge Fredk. Co Md 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
R	aymond E. Creager Thurmon	MEDATE OCT 1 3 '59 Chilms & thank

the funeral director, should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL MERCIOR: After this certificate has been signed by the attending physician and campletely filled it page 3 shows be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 at the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. VS A1S (4) 1SM 9/55

Pri

Color for a color			A THE SECTION SECTION		
color integral of the color of		.5%			
OV	enbis	c v			
CO CO-20-1962A					
CO					
	18 7				
	1.1.3		60		8050
	Tankai	what.			
					2
				THE STATE OF THE S	
				of the same of	
All the state of t					
All and find a rapid. If the second of the second plants in the second of the second of the second plants in the second of the second plants in the second of the second plants in the second of the s	SS C A-MINE IN				
					gitte Lit
		- I was			
Latter cot. 10. 1050 m oder di locol. da Latte				4.,	T store

4 should b

VS. ATSME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11382 Reg. Dist. No

PLACE OF DEATH o. COUNTY Frederick MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. Cownshington
b. CITY OR TOWN (If outside corporate limits, write RURAL	b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Nr. Middletown DOA	Fairplay R.F.D.I 2/x 2
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Frederick City Hospital	Fairplay Md. YES NO X
3. NAME OF DECEASED (Type or print) Eugene William	Moats A. DATE OF DEATH October 17 Doy 19 59
5. SEX Male 6. COLOR OR RACE White Widowed Divorced D	Feb.8,1937 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	
Dwiver Milk	Fruck Maryland U.S.A.
13. FATHER'S NAME Heacked monts	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	NFORMANT Address
Mo- 214-34-9539	Drivers licence
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Compound fractu	Hezekiah M. Moats Fairplay Monaval ettween onser and orath ure of ribs on left side
Conditions, if ony, which) the With puncture	ed wound in upper lobe Minutes
(a), stating the underlying DUE TO	
course fort. (c)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY
CATO	PERFORMED? YES NO IN
	(Enter noture of inipined or right ocebs) thru guard rails into ditch andhe
20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. P	place of INJURY (Home, form. 20f. (City or fown) cotory, street, office bldg., etc.) Mile west on Middletown
21. I certify that I taak charge of the remains described at	
apinian death resulted fram: Natural causes, Accident	
SIGNATURE BOYCOM COS	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
EXAMINER'S B.O. Thomas, M.D.	ASSISTANT MEDICAL EXAMINER OCTOBER 17/1959
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY (OR CREMATORY 22d. LOCATION (City, fown, or county) (Stole)
	Cemetery Williamsport Wash co Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTEAR 246, REGISTRAR'S SIGNATURE
andrew K. Coffman Hagerstown Md.	DATE OUT 40 39 Orthun S. Kroug

Donalysek " manage a doi: 180:130:11 I THE STREET LAND The state of the second st 6 · • THE PART OF MEET 15 MAIN LANGE TO SERVE CarlyCI dedorso T money programme E .O. I, BELLOW .D. E. ..

MACH CATHE STATE DESCRIPTION THE MET OF MEASURE THE SALES MACHENTS

0

ARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
11111			

11414 CERTIFICATE OF DEATH

M

Reg. Dist. No. 11383

1. P	LACE OF DEATH			2. USU	AL RESIDENCE (V	Where deceased	l lived. If institut	on: Residence	e before od	Imission)
0	. COUNTY Frederic	k	MARYLAND	Maryland b. COUNTY Frederick						
b	. CITY OR TOWN (If outside corporate		c. LENGTH OF STAY IN 16	c. C			rote limits, write R			
	RURAL ond give neorest town) New Market		2vrs	X	New M	larket				
	NAME OF HOSPITAL (If not in hospi OR INSTITUTION	tol, give street		/d. 5	TREET ADDRESS				0	RESIDENCE N A FARM?
	IAME OF	First	Middle		Last	4. DATE OF	Mor	ıth .	Day	Yeor
		lary	Jane C	rem		DEATH	Oc	tober		19 59
5. S	EX 6. COLOR OR R	ACE 7. MARE	RIED NEVER MARRIED	B. DATE	OF BIRTH		9. AGE (In years lost birthdoy)		YEAR IF U	INDER 24 HRS.
	Female Col.	WIDOW		Fel		1897	62 yrs.	Months	Doys No	urs min,
10a.	USUAL OCCUPATION (Give kind of viduring most of working life, even if re	vork done 10b.	KIND OF BUSINESS OR INDU	JSTRY 11.	BIRTHPLACE (Sto	te or foreign co	ountry)	12. CITI:	ZEN OF W	HAT COUNTRY
	Housework				Lewis	dale.	Md.		US	A
13.	FATHER'S NAME			14. M	OTHER'S MAIDEN	NAME				
	Vatchel Lyle	S			Clars	ia Zie	egler			
	NAS DECEASED EVER IN U. S. ARMED		SOCIAL SECURITY NO. 17.	INFORMA	NT		Add	ress		
	No	2]	17-30-2332	Mrs	Ethe1	L. Dor	csey, M	t. Ai	ry.	Md.
	18. CAUSE OF DEATH [Enter only o		ne for (o), (b), and (c).]	1 %	Λ		1.1.	1		L BETWEEN
	PART I. DEATH WAS CAUSED IMMEDIATE CAU		arcinoma /	Live	(Clliny	s) M	elasta	CLC	-	menth
	153.3 DI	E TO			. /.	n			1	1.1
	Conditions, if ony, which	(6)	aranema	,0	Morr	4			6.1	unill
	gove rise to immediate (IE TO			1					
	lying couse lost.	(c)								
CATION	PART II. OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT REL	ATED TO THE TER	MINAL DISEASE	E CONDITION GIV	EN IN PART	1(a) 19. W	AS AUTOPSY REORMED?
5									YES	NO
L CERTIF	200. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMIN	ATH	CRIBE HOW INJURY OCCURRI	ED. (Enter	nature of injury i	n Port 1 or Port	II of item 1B.)			
MEDICAL	20c. TIME OF INJURY Month, Doy, Hour o. m. p. m.	Year 20d. II While at war	Not while fo	LACE OF I	NJURY (Home, fo et, office bldg., e	erm, 20f. (City	or town)	(Co	ounty)	(State)
	21. I certify that I attended	the deceas	ed from Milh		1959, to	Wet 11	1956	that I le	ast saw t	he deceased
	alive on Oct. (1	196	19_, and that deat			M, from				
		.6			1 1		reet, city or town,			DATE SIGNED
	SIGNATURE SCHOOL	0.16	rimas IL	M.D	Treder	sk, 1	110	(C) CY	119	1954
	PHYSICIAN'S Bernattd O	. Thoma	as, Jr., Fred	leric	k, Mary	land				
	BURIAL, CREMATION, 22b. DATE THE	IEREOF	22c. NAME OF CEMETERY O	_	-	_	rion (City, town,	or county)		(Stote)
-	Burial 10/20	159	ADDRESS	arov.		C'D BY REGIST		STRAR'S SIG		. Md.
(Ilin I. Wol	esunt	L Damasc	us,	Md. DATE	CT 21 '5	9 6	Thun S.		

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEILTH-CALTIMORE, 18

6365 Lar 42 and	HTABU 10 37	A SHITHESA		
	A The same of t		ela i zober	
		4-C		L. CAR
Entrett -				
	rasii			D.C.
		February De	NAME OF TAXABLE PARTY.	
				Every commit
	Name of the last o			model with
				r

I DE

11384

4	7,	#	-
oge	recto	3	13
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	may be retain by the haspital ar attending physician. TO FUNERAL. CTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director,	page 3 shaula be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filed with	
leat	nera	d be	
ler o	e fo	onlo	
s of	5	2 sh	
שמפנ	, c	puo	H
24	Ped	l s	
- t	ly fi	age	
3	e e	· ·	
cuted	omo	aper	-
exe	o pu	9	0
P.	0	dus.	T
cate	sicio	Jan Sala	2
rtifi	phy	DE.	9
. 4	guip	Se ri	7/ 6
deat	tend	plea	Z Z
the	e al	nen.	> Luc
hot	3y #	F	, e
Tes.	P	rmit	au
edui	Sign	ď.	5
*	sicia	rans	, 0
e o	phy:	iol-t	DAD
产出	ing t	bur	E
IAN	fico	the	, o
YSIC	cert cert	e as	ofice
F	this	Ir US	remo
NG	aspi	d fo	I, C
2	R: A	ache	DULIC
ATT	by t	det	D
80		J be	oriar
AL	eto!	aut	0
SPIT	may be retained by the haspital or attending physician. TO FUNERAL STOR: After this certificate has been significant.	3 sh	the registrar prior to burial, cremotion, or remayal, and in any event within /2 hours after death.
9	FEN	oge	e
9	E 0	ō.	-

VS A1S (4) 1SM 9/58

1. PLACE OF DEATH a. COUNTY	rederick		MARYLAND	2. USUAL RES		here deceased	lived. If instituti b. COUNTY	-	e before adm	
b. CITY OR TOWN (I RURAL and give no Frede	If outside corporate limi earest town) rick	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR		outside corpor derick	ate limits, write R	URAL and g	ive nearest to	own)
OR INSTITUTION	TAL (If not in hospital, g			/d. STREET /		llith S	treet		10	RESIDENCE N A FARMS
3. NAME OF DECEASED (Type or print)	COF		Middle MAY	PA]	NTER	4. DATE OF DEATH	Octo		20,	Year 59
s. sex Female	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRT			9. AGE (In years lags brithday) yrs.		Days Hou	7
10a. USUAL OCCUPATIO	ON (Give kind of wark king life, even if retired	3	kind of Business or Indu		IACE (State	or foreign co	ountry)	US	ZEN OF WHA	IT COUNTRY
13. FATHER'S NAME	771			14. MOTHER'S			d o			
IS. WAS DECEASED EVE	orge E. Ebe:	-	SOCIAL SECURITY NO.	INFORMANT	raimi a	a Barte	Add			
	(If yes, give war or dates of s	ervice)		. Meredi	th J.	Painte			m #2	
PART I. DEA / 70 × Conditions, if a gave rise ta i cause (a), stating lying cause last.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO DODY, which mediate the under- (c))	ne for (a), (b), and (c).] Maligual Guard Speafee	Lichyn	reos my	pendi	ug ug		13/	NO DEATH
PART II. OTH	TER SIGNIFICANT CON	DITIONS	CONTRIBOTING TO DEATH BO	THO KEDIED I	J THE LEAVE	IIIAL DISLASL	- CONDITION ON	LIV IIV PAKI	YES	RFORMED?
	AS UNDERLYING GC CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRI	ED. (Enter noture	of injury in	Port I or Port	II of item 18.)			
20c. TIME OF INJUR Hour o. m. p. m.	RY Manth, Doy, Ye	While	6.	LACE OF INJURY actory, street, affic	(Home, farr e bldg., etc	m, 20f. (City	or town)	(0	ounty)	(State
alive an	S-NC Louis R. Sc	19 ber	59_, and that death	M.D. Prof	l:55A essio	M, fram (reet, city or town,	d on the	date stat	decease ted abave DATE SIGNE 21/59
220. BURIAL, CREMATIC REMOVAL (Specify)	ON, 22b. DATE THEREC)F	22c. NAME OF CEMETERY O		ry		ION (City, town, ederick,	or caunty)		State) yland
23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS rederick, Mary	land		2 3 '59		STRAR'S SIC		

HEART SO STATE OF THE STATE OF MOZIT PACK alphanhard Electric description of the second se Stands La Standard See that the best secretarian and distributions are desired to the second and the property of the second TARIE DESCRIPTION OF THE PARTY OF And the state of t Mary Tall County of the County nd centured principle profile and but a le

death. Page 4 requires that the death certificate be TO HOSPITAL VS A15 (4) 15M 9/5B

11385

Reg. Dist. No.

o. COUNTY FT	rederick		MARYLAND	2. USUAL RESIDENCE	(Where deceased I		n: Residence before Frederi	
RURAL and give	(If autside carporate limi nearest tawn) lerick	ts, write c. LENG	TH OF STAY IN 15	(Rural)Kr			JRAL and give nec	arest tawn)
d. NAME OF HOSP OR INSTITUTION	Memorial		1	d. STREET ADDRESS	w Addi	tion		e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	Lacey Fir	L.	Middle Po	lost Wers	4. DATE OF DEATH	Mont 10	16	1959
Female	6. COLOR OR RACE White	7. MARRIED TN	EVER MARRIED	8. DATE OF BIRTH 7-23-18	100 15	AGE (In years last birthday)	IF UNDER 1 YEAR Manths Days	IF UNDER 24 HR Haurs Min.
d. USUAL OCCUPAT during mast of wa Housey FATHER'S NAME	rking life, even if retired	Home		STRY 11. BIRTHPLACE (SI	and	ntry)	U.S.A	F WHAT COUNTRY
. PAIGER 3 NAME	Thomas C	arey			Mary	Gosnel	.1	
. WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give war or dates of s			Harry O.Po	owers, I	Addr Knoxvil	le, Mar	yland
Canditions, if gave rise to cause (a), stating lying cause last	the under-	Hyp	eterm	e capio	varen	Car che	nure.	5 years
PART II. OT	THER SIGNIFICANT CON	DITIONS CONTRIBU	TING TO DEATH BU	NOT RELATED TO THE TE	RMINAL DISEASE (CONDITION GIVE	EN IN PART 1(a)	PERFORMED?
OR CONTRIBUTING	'AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE HO	W INJURY OCCURRE	ED. (Enter nature of injury	in Part I ar Part I	l af item 1B.)		
20c. TIME OF INJU Haur a. m. p. m.	RY Manth, Day, Yea	While Nat		ACE OF INJURY (Hame, foctory, street, office bldg.,		r tawn)	(Caunty)	(Stat
21. I certify to alive on	hat I attended the		and that death	1959, to accurred at 9 35	AM, from the ADDRESS (Street, Chu		that I last sav d on the date state)	
PHYSICIAN'S NAME (Type)	Henry	V. Cho	ise	Free	deric	1 1	16+4/6	2176
a. BURIAL, CREMATII	10-19-5	9 R	of CEMETERY C		Kno		Maryla	(State)
. FUNERAL DIRECTO	R'S SIGNATURE	ADI	DRESS	24a. R	EC'D BY REGISTRA	AR 24b. REGIS	TRAR'S STONATU	RE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

78611 the beautiful and the second of the second ale bredisted eldevantagerson of the construction was new transfer and the part delegant. Of the same of the LINE AND THE RESERVE OF THE PROPERTY OF THE PR Manual vani TOTAL DESCRIPTION OF THE PARTY Manufacture, and production, and the state of the state o A CHARLES TO BE SEED TO THE SECOND OF THE SE was to be a facility of the second of the se of the formulation that he was the first and booty at a feltween begins so many to be

11386

		11415	DICA	L LAMMINER.	CERTIFICA	12 01	DLAIII	Reg. D	ist. No.		., 0	
1.	PLACE OF DEATH				2. USUAL RESIDENCE (V	Vhere deceas			ence befo	ore admi	ission)	
	Fre	derick		o. STATE Maryland b. COUNTY Frederick								
-		urside corporate limits, write	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)						
]		dletown		3 years	x rural Middletown							
	d. NAME OF HOSPITA	L OR INSTITUTION (I	f nat in hosp	itat, give street address)	d. STREET ADDRESS					ON	A FARM?	
	NAME OF DECEASED (Type or print)	Andre	W			4. DATE OF DEATH	Mont 10	h	Doy 19			
5.	SEX	6. COLOR OR RACE	7. MARRIE	D G NEVER MARRIED 8	. DATE OF BIRTH		9. AGE (In years	-		-		
1	nale	white	WIDOWED	DIVORCED [12/15/190	0	58 yn.	Months	Days	Hours	Min.	
						or fareign c	ountry)	12. CIT			COUNTRY?	
	FATHER'S NAME	n.e.r.	1191	3111		JAME			U.	S.		
1		s R. Re	inhol	t			mpbell					
15.			CES? 16. 5	OCIAL SECURITY NO. 17. #					-	-		
(Yes	no, or unknown) (If yes, give war or dates of s	ervice) 25	34-24-1196 M		Rein		1iddl	eto	wn,	Md.	
									INTERN	AND DEA	EN	
			F	racture of	ribs on le	ft si	de with	1	m	ine	tel	
	9/2.1	DUE TO										
	Conditions, if on	y, which) (b)	pu	inctute of 1	ower left :	lobe	of lung	7				
ď	couse lost.) (c).										
CERTIFICATION	PART II. OTHE	r significant cont	OITIONS CO	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PAR		PERFO	RMED?	
RTIFI	20g. EXTERNAL CAUS	E WAS 201	DESCRIBE	HOW INJURY OCCURRED. (E	nter nature of injury in Part	l or Port II	of item 1B.)	10, 11	50			
			farm					over	tur	ned	on hir	
MEDICAL	20c. TIME OF INJURY	A DATE Manch Depth September Depth Depth										
MEI												
	21. I certify the	of I took charge	of the re	emoins described obo	ve, held on Autops	y 🔯, In	spection .		12.00	and i	find that	
	death resulted	from: Noturol	auses [], Accident [], Sui	cide 🔲, Homicide	☐, Ur	determined o	ouse [
		7 15	0									
	ACTUAL SIGNATURE	13012	101	nasi	M.D. CHIEF MEDICAL EX	AMINER -				DATE S	IGNED	
	EVA MINERIO				ASSISTANT MEDICA	AL EXAMINE	R					
	NAME (Type)	r. B. O.	Thom	as	DEPUTY MEDICAL I	EXAMINER [) (Oct.	19.	19	159	
220	BURIAL, CREMATION			22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCAT	MON (City, town,					
	purlai		959									
			2// 2 -			D BY REGISTI	RAR 24b. REGIS	STRAR'S SIG	SNATUR			
-{	Jaaniil	company,	Mldo	lletown, Mar	yrand DATECT	21 159	0.1	8 f				

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

The state of the s 4-01-EP years of his come and may proved an Epigenterical Conceptation of

VS. A15ME

5M 2/57

2. USUAL RESIDENCE (Where deceased lived. If institution: Reside o. STATE Maryland b. COUNTY Fred c. CITY OR TOWN (If outside corporate limits, write RURAL once // Frederick d. STREET ADDRESS 20 Wisner Street	lerick
c. CITY OR TOWN (If outside corporate limits, write RURAL one // Frederick d. STREET ADDRESS	give nearest town)
// Frederick d. STREET ADDRESS	e. IS RESIDENCI
20 Wisner Street	ON A FAPAGE
	YES NO A
ESA ANDENUCCI DATE Month OF DEATH October	Doy Year 1. 19 59
DATE OF BIRTH 9. AGE (In years IF UNDER lost birthday) Months	
	ZEN OF WHAT COUNTRY
Italy	USA
14. MOTHER'S MAIDEN NAME	
UNKNOWN	
ORMANT Address	
Mr. Daniel Rossi (same as	item #2)
	INTERVAL BETWEEN
ial Infarction	12 Low
	V
oronary Artery Thrombrosis	
ry Edema	
T Y	ROSSI ROSSI PATE OF BIRTH June 2, 1884 75 yrs. PAGE (In years Infunder Months Tour Dark Tour Dark Months Tour Dark Da

DATEDCT

6 '59

arthur & Kraus

	Pietre Basilica		UNKI	NOWN		
	WAS DECEASED EVER IN U. S. ARMED FORCES? s. na. or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	Mr. Daniel	Rossi	Address (same as :	item #2)
	18. CAUSE OF DEATH [Enter only one couse per	line for (o), (b), and (c).]				INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Acute Myo	cardial Infarc	tion		25 Love
	Conditions, if any, which (b)	Acute Rigi	nt Coronary Ar	tery Thromb	rosis	v
	gove rise to immediate cause (a), staling the underlying DUE TO cause tast.		nonary Edema			
CATION	PART II, OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	RMINAL DISEASE CONDI	TION GIVEN IN PART	1(6) 19. WAS AUTOPSY PERFORMED? YES A NO
CERTIFI	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	CRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in F	Part t or Part It of Item	(8.)	
MEDICAL	Hour a, m.	20d. INJURY OCCURRED 20 While Not while of work	e. PLACE OF INJURY (Home, fo foctory, street, office bldg., e	orm, 20f. (City or town)) (Coun	ily) (Slate)
	21. I certify that I taok charge af to opinion death resulted fram: Natur	47				
	ACTUAL SIGNATURE BUTTON	nas	M.D. CHIEF MEDICAL	EXAMINER [DATE SIGNED
	EXAMINER'S B. O. Thomas,	M. D.		AL EXAMINER		10/2/59
220	Burial, Cremation. 22b. date thereof 10/3/59	St. John	ry or crematory s Cemetery		ick, Maryla	and (Stote)
	FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son: F.	ADDRESS rederick, Mary	rland		246. REGISTRAR'S SIGN	

ALL DESCRIPTION OF THE PROPERTY OF THE PROPERT parties the months of the first semblent districts and product state ... are in the bear a near second of the same

	STATE OF THE PROPERTY OF	ASS MARKET IN THE PARTY OF THE	
		JAPANA STATE	
reaning with factor			
Var Charle	PATER OF THE PARTY	A	
	ore visit mile		
THE THE PERSON WAS IN	riowned Linesof		
6 0 0 1		Chemical States Sin	
	ner.e	aws Swaller	
floringer		feffi. T couril	
.T.T dopin wheth a tree dod			
. 51, 201 10 Low - 10	No Pando To Pando	12 85\01\01 Fee-	
AN DELENING			
2007, II. caroza I . 1050 m	n mi	Thomas, C.	21
mean forttekung, Mc.	. Anthony Cem.		1
	Emont, we.		19.07 - 10.07 -

23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS aM. R. Etchison & Son, Frederick, Maryland

11389

		11271	CEKTIFIC	AIE OF DEAIR		Reg.	Dist. No.		
1.	PLACE OF DEATH a. COUNTY	Frederick	MARYLAND	2. USUAL RESIDENCE (WH	ere deceased lived. ct of Col	If institution: Resi	dence befo	re admission	
	b. CITY OR TOWN (RURAL and give n Frederick	(If outside corporate limits, write learest town)	c. LENGTH OF STAY IN 16 Since 5/59	Washin		ts, write RURAL of	nd give nec	irest town)	
	OR INSTITUTION	TAL (If not in haspitat, give street Memorial Hospit		2854 Conn.	Avenue, N	.w.		e. IS RESIDE ON A FA YES N	RM
3.	NAME OF DECEASED (Type or print)	ANNA	LOUISE	SEEGER	4. DATE OF DEATH	October	ì	δ, Yeo	59
	sex Female	6. COLOR OR RACE 7. MAR WIDOW	RIED NEVER MARRIED A	8. DATE OF BIRTH September 22,	- lost	(In years IF UNI birthday) Month yrs.		Hours 2	Min.
	during most of wor	ON (Give kind of work done 10b. king life, even if retired) tof Commerce	kind of Business or Indu Board of Appea			12.	CITIZENOF	USA.	NTR
13.	FATHER'S NAME	ilip Seeger		14. MOTHER'S MAIDEN N	Elizabeth	Brust			
15. (Y)	. WAS DECEASED EVE es, no, or unknown!	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	None M:	iss Elizabeth	Seeger,Fr	7 East P. ederick,	atric Mary	k Stre land	et
4		ATH [Enter only one cause per li ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	ine for (a), (b), and (c).]	olymenti.	Kerlne	eus-	ONS	ERVAL BETW	ATH
	gave rise to i cause (a), stoting lying cause last.	the under-	3	0 8		0		7-	
CERTIFICATION	20a. ACCIDENT W. OR CONTRIBUTING (IF ENTHER, NOTIFY	HER SIGNIFICANT CONDITIONS AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BU	Centrova	cula	Desein	PART 1(a) 1	PEREORM	
MEDICAL	20c. TIME OF INJUI Haur a. m. p. m.	RY Manth, Day, Year 20d. While at wo	Not while	LACE OF INJURY (Hame, farm actary, street, office bldg., etc		1)	(County)		(Stat
	21. I certify the alive an	hat I attended the deceases - 16 , 19		h accurred at 7:30A	ADDRESS (Street, city Street	uses and an y or town, stote)	the date		bav
-	11777112 (17)	. E. Stone, M. 1		Frederick,					
22	REMOVAL (Specify	ON, 22b. DATE THEREOF	Mount Olivet		22d. LOCATION (C		ty)	Marv I	and

TO FUNERAL
page 3 shourabe
the registrar prior TO HOSPITAL VS A15 (4) 15M 9/5B

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

funeral directar

and campletely filled

ottending physician

by the haspital or attending physician. CTOR: After this certificate has been signed by the

pe should M

069

24a. REC'D BY REGISTRAR DATOCT 1 9 '59

24b. REGISTRAR'S SIGNATURE

- UAR-Person of army and a to be a second and the second The second base of the second ba Commence to the Commence of the State of the Symplemial terminariana brown is. S. Mentleer & Son, Irelanded, E. S.

VS A15 (4) 15M 9/5B

1	
	7
nding physician and campletely filled in Some funeral director,	his 73 hours carbon papers. Pages 1 and 2 should be filed with
ra	e
ne fune	plnods
	7
T.E	puo
filled	ges 1
tely	20
сатріе	papers.
puo	pour
G	00
physic	sase remave carban pa
nding	ease r

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11379 **CERTIFICATE OF DEATH** 11390

6.		3						Keg. Dist. N	10.
1. PLACE OF DEATH o. COUNTY	FREDERICK		MAR	YLAND 2.	USUAL RESIDENCE () o. STATE MARY I	Where decease	d lived. If institution b. COUNTY	FREDER	efore admission)
b. CITY OR TOWN (III RURAL ond give ne FREDERI CK	f outside corporate limit arest town)	s, write c	Lifetime		c. CITY OR TOWN (I		prote limits, write RI	JRAL and give r	nearest town)
d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in haspital, gi			1	d. STREET ADDRESS	orth Ma	arket St.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Firs CHARL	t	Middle	-	Last NYDER	4. DATE OF DEATH	Man		19159
5. SEX	6. COLOR OR RACE	7. MARRIEI			arch 19.	1900	9. AGE (In years lost birthdoy) yrs.		AR IF UNDER 24 HR
Gulf Oil G	N (Give kind of work ding life, even if retired) employee		ND OF BUSINESS C	OYEE	11. BIRTHPLACE (Sto	te or foreign o	ountry)	12. CITIZEN	OF WHAT COUNTRY
3. FATHER'S NAME	n henry s	nyder			. MOTHER'S MAIDEN	iname ie Mer c	oer Shydi	BIT	
15. WAS DECEASED EVER (Yes, no. or unknown)		rvice)	-10-01:65		MANT S. Alberts		Addr	The same of the same of	N. Market
	mmediate (D)		arcin		tank	2		0	NEET AND DEATH
FIGURE ACCIDENT WA	ER SIGNIFICANT COND				RELATED TO THE TER			EN IN PART 1(a)	19. WAS AUTOPS' PERFORMED? YES NO
(IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	ZOD. DESCRI	BE HOW HAJORI C	CCORRED. (E	mer notore of injury i	11 7011 1 01 101	i ii di nem 15.,		
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yea	While	URY OCCURRED Not while at work	20e. PLACE foctory	OF INJURY (Home, fo street, office bldg., e	rm, 20f. (City	or town)	(Count	y) (Stote
21. I certify the alive an	at I attended the	A-	-		curred at	ADDRESS (S	the causes and treet, city or town, Market	d an the da state)	aw the decease ite stated abav DATE SIGNE
220. BURIAL, CREMATION		F :	72c. NAME OF CEM	ETERY OR CR	EMATORY LIBERTYTO	22d. LOCA	TION (City, town, or		(State)
23. FUNERAL DIRECTOR'S		OME. I	ADDRESS FREDERICK	,	24a. RE	C'D BY REGIST	TRAR 24b. REGIS	TRAR'S SIGNAT	

HISTO TO STADRICATE OF DEATH

TOTAL ME SECOND SOUTH

ANTENNA TI PREMIUM TOTAL TOTAL

H.P. P. Paris, P. Sander, M. M. Markon St. 1915.

die en marke de la 1990 de la 199

Little of emergence that employee it are writte Country it.

referre meant offere medical referred

Andrew Miles and Angeles Market Market Miles and Angeles Mile, M. Ouriens

TINGS IN THE CO. A. C. P. P. C. P. P. C. P. C. P. C. P. C. P. P. P. C. P. P. P. C. P. P. P. C. P. P. P. P

Constant of the contraction of t

	MAKTI	LAIND	CERTIF	ICATE (OF DEAT	H—BALIIM	OKE, I		1139
1. PLACE OF DEATH		380	9817711			/here deceased lived	4 16 2-102 17	Reg. Dist. No	
o. COUNTY	erick		MARYL	T2 o II	ATE		b. COUNTY		
b. CITY OR TOWN (I	f outside corporate limi	is, write	c. LENGTH OF STAY IN	V 1b c. CI	Maryla: TY OR TOWN (IF	outside corporate li	imits, write RI		earest town)
RURAL ond give ne	erick		3 days		Rural	- Daisv		13x - 0	2
d. NAME OF HOSPIT	AL (If not in hospitol, g	ive street		d. \$1	REET ADDRESS				. IS RESIDENO
Fred	erick Me	n. H	asp.		RFD #2	. Woodb	ine		YES NO
NAME OF DECEASED	Fir	st	Middle		Lost	4. DATE OF	Mon	th D	ay Year
(Type or print)	Fann		Elizabet		nton	DEATH		tober 1	19 5
. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED		F BIRTH	P. AC	GE (In years st birthdoy)	Months Days	R IF UNDER 24
Female	Col.	WIDOW	745	TAO A		886	73 yrs.		
Jo. USUAL OCCUPATION during most of work	ON (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTRY 11.	BIRTHPLACE (Stote	e or foreign country)	12. CITIZEN	OF WHAT COU
Housew	ife		Own home		Woody	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS	1.	US	iA
3. FATHER'S NAME				14. MC	THER'S MAIDEN	NAME			
	ias Dobs		FOCUL SECURITION	112 1015001111		e Dotson			
m.m.	R IN U. S. ARMED FOR (It yes, give wor or dates of s		SOCIAL SECURITY NO.	17. INFORMAN			Addr		
No			Tests 4440	Rober	t Stan	ton, Coo	oksvi		
		ouse per lin	ne for (o), (b), and (c).]					INT	ERVAL BETWEE
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (d)	DREMIA						veeks.
450.0	DUE TO				1				
Conditions, if o		1 6	ENERALIZ	ED /	PETERIC	SCLERO	5/3	100	VEAR?
gove rise to in	mmediate (,		C			- 47,		
lying couse lost.	(c)							
PART II. OTH			ONTRIBUTING TO DEAT	H BUT NOT RELA	TED TO THE TERM	AINAL DISEASE CON	NDITION GIV	EN IN PART 1(0)	19. WAS AUTO
PART II. OTH									YES NO
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (Enter n	oture of injury in	Port 1 or Port II of	item 1B.)		
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye			Oe. PLACE OF IN	UURY (Home, for	m, 20f. (City or to	wn)	(County)) (50
p. m.	19	While of wor	k of while	,,	, o.og., e.				
21. I certify th	at 1 attended the	deceas	ed fram 10/	3 . 1	9.59, to	10/11	1950	7,that I last s	aw the decr
alive on	12/10	. 19		death accurr		M, fram the			
)	, .,	,			ADDRESS (Street,			DATE SI
ACTUAL SIGNATURE	iland	0-	Remole	S_ M.D.	9	EAST (HURCH	+ ST.	
PHYSICIAN'S NAME (Type)	CICHARD	C.	REYNULDS		Fred	ERICK.	MARI	(LANI)	
20. BURIAL, CREMATIO	N, 22b. DATE THEREC	OF .	22c. NAME OF CEMET	ERY OR CREMAT		22d. LOCATION			(Stote)
REMOVAL (Specify)	10/14/1	50		Method				Ma	(5.5.5)
3. FUNERAL DIRECTOR		24	ADDRESS	MO PHOL		'D BY REGISTRAR	24b. REGIS	TRAR'S SIGNATU	RE
(Vlin o	I. Moles	vol	Damas o	cus Ma	1 50 11 11	OCT 1 2 '59		11 8 4	

the funeral directors, 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be relained by the hospital or attending physician.

TO FUNERAL PECTOR: After this certificate has been signed by the attending physician and campletely filled it page 3 shows be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar priar to burial, cremation, ar removal, and in any event within 72 hours after death.

M

069

DI JEOMITIAO-HILAGEN PO INEMIMAGEO HIATZ MUALYRAM

	Man art at			
			STOCKE S	
	Hart China			
Mark of Constant Asset		s denoted for		CONTRACTOR OF THE PARTY.
	* -	San San	19571 . 100.2	
		Carry Marine		
ASSESSED AND ADDRESS OF THE PARTY OF	MAG		See Don't See	Feeby SS
A STATE OF LINES				
	RHUMMANIA			100 114
man behavior and a first binding of the section of the first of the section of th				
				CHARGE
				SOUTH THE PARTY OF THE
a constant of the law state	Late the lat			
Miller Street Street or Street and in				

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL PLECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 show a detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours death.

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11391 CERTIFICATE OF DEATH

Reg. Dist. No.

1	1	2	Q	9
J.	JL.	O	U	4

1. PLACE OF DEATH			2 USUAL RESI	DENCE (When	e deceased liv	ed If institution	on: Residence bef	ore admission)
o. COUNTY Free	derick	MARYLAND	a. STATE	Marylar	nd	b. COUNTY	Frederi	ck
	(If outside corporate limits, write earest town)	e c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brunswick					
d. NAME OF HOSPI 305 East	TAL (If not in hospital, give stree Potomac Stree	d. STREET A		t Poton	ac Stre	eet	e. IS RESIDENCE ON A FARM? YES NO 138	
3. NAME OF DECEASED (Type or print)	Wilbur	Middle Eugene Stres	im.	st	4. DATE OF DEATH	Mon Octobe		19 59
5. SEX Male		ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRT		909	AGE (In years last birthday) 50 yrs.	Months Days	R IF UNDER 24 HRS. Hours Min.
100. USUAL OCCUPATION during most of wor Salesman		Ob. KIND OF BUSINESS OR INDU Automobile	JSTRY 11. BIRTHPL		foreign count		12. CITIZEN	OF WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S	MAIDEN NA	WE			
Lester S	. Stream		Ethe	l Bower	rs			
	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		INFORMANT rs. Lill:	ian F.	Stream	Addr (Same		#1)
Conditions, if a gave rise to i cause (a), stating lying cause lost.	the <u>under-</u> DUE TO (c)	AS CONTRIBUTING TO DEATH BUT	I NOT RELATED TO	THE TEDALIN	AL DISEASE CO	ONDIFION GIV	EN IN PART (A)	10 WAS AUTOPSY
TAS I		DESCRIBE HOW INJURY OCCURRE					ETT ITT ART I(O)	PERFORMED? YES NO
(IF EITHER, NOTIFY	AS UNDERLYING 20b. E	ESCHIOL HOW HAJORI OCCORNO	(Ellier halore o	n injory in ro	77 1 01 1 011 111	or them to.,		
20c. TIME OF INJUR Hour a. jn. p. m.	Wh		IACE OF INJURY (actory, street, office	Home, farm, e bldg., etc.)	20f. (City or	town)	(County	(State)
21. I certify it alive an Actual SIGNATURE PHYSICIAN'S NAME (Type)	nat lattended the dece	ased fram. # Solution of the death	n accurred at		M, fram tl		nd an the do	aw the decease ate stated above DATE SIGNE
220. BURIAL, CREMATIC	226. DATE THEREOF	22c. NAME OF CEMETERY C Union Cemet		2	2d. LOCATION	(City, town, o	v county) Virgin	(State)
23. FUNERAL DIRECTOR M. R. Etcl	rs signature hison & Son, F.	ADDRESS rederick, Maryl	and		BY REGISTRAR		TRAR'S SIGNATU	RE

OF HEALTH-BALTIMORE, 18	THE DEPARTMENT	MARYLAND STA				
OF DEATH	CERTIFICATE OF BEATH					
Softener Chical brail vall and	DESCRIPTION	More Translation				
Sin Headers						
g or e a secreto participa de se del						
		and the second s				
The state of the s	UL DANGE	Torrior AS (Common as a Common				
dinonal Infa-		mario, derector				
(Figure 1) reports . Contilli						
		The state of the s				
		ONE PROPERTY.				
		of Discould will be you've or different all a self-or				
		A STATE OF THE PARTY OF THE PAR				
	Trades on his	THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF				
Annual and the second of the second	and a					

VS A15 (4) 15M 9/5B

prefety filed in the functol director, srs. Poges I and 2 should be filed with

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11381 CERTIFICATE OF DEATH

Reg. Dist. No. 11393

	o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Frederick						
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick	c. LENGTH OF STAY IN 16 Since 5/59	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) // Frederick						
7	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Frederick Memorial Hospit	d. STREET ADDRESS 257 Dil	1 Avenue	e. IS RESIDENCE ON A FARM? YES NO NO					
	3. NAME OF First DECEASED (Type or print) HOWARD	UP, SR.	OF	onth Day Year 18, 1959					
	S. SEX Male 6. COLOR OR RACE 7. MAR WIDOW		B. DATE OF BIRTH 28 Jan 1903	9. AGE (In year last birthdoy year	Months Days Hours Min.				
	10a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired) Retired—Farmer F	KIND OF BUSINESS OR INDU	stry 11. BIRTHPLACE (Stote Maryland	or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
	3. FATHER'S NAME David T. Stup		14. MOTHER'S MAIDEN N						
1	(Yes, no, or unknown) (If yes, give war or dates of service)		NFORMANT s. Lucille M.		as item #2)				
)	Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS. 200. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT			FIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NOW				
	20c. TIME OF INJURY Month, Doy, Year 20d. Hour o. m. While	INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form clory, street, office bldg., etc	n, 20f. (City or town)	(County) (Stote)				
,	21. I certify that I attended the decea alive an 10/8 . 19. ACTUAL SIGNATURE PHYSICIAN'S Henry V. Chase,	hase	accurred at 11:30	And the causes of Address (Street, city or low ch Ste	Zthat I last saw the deceased and an the date stated abave. n, stote) DATE SIGNED 19 Oct 1959				
	220. BURIAL, CREMATION, 22b. DATE THEREOF 10-21-59	22c. NAME OF CEMETERY O Mount Olivet		22d. LOCATION (City, Iown Frederick, M					
	23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Fre	ADDRESS ederick, Maryla			GISTRAR'S SIGNATURE				

THOUGHT HILLS IN THE REAL PROPERTY OF THE WAR WAY

Compart of the compar Carl and " . The formers of the first than the firs and the state of the state of the state of

		1	38	CERTIF	·ICA	ATE OF DEATH		12.30	Reg. Di	st. No.		
1.	PLACE OF DEATH	REDERIC	K,	MARYL	AND	2. USUAL RESIDENCE (Whe	(LAND	ived. If institution b. COUNTY	-		e admiss	
	b. CITY OR TOWN (IF RURAL and give nec	rest town)	its, write	c. LENGTH OF STAY IN	V 1Ь	c. CITY OR TOWN (IF OUR AL	utside carpora	te limits, write RI	JRAL and	give nea	rest town)
	d. NAME OF HOSPITA OR INSTITUTION			oddress)	USI	d. STREET ADDRESS MYER	SVILLI	ε				IDENCE FARM? NO
3.	NAME OF DECEASED (Type or print)		LUE	Middle KINN	-	Surmers	4. DATE OF DEATH	Mon	th	00:4		Year 1959
5.	sex Female	6. COLOR OR RACE	7. MARR	DIVORCED	- 1	8. DATE OF BIRTH 5/13/8	7	AGE (In years lost birthday) 72 yrs.	Months	1 YEAR Days	Hours Hours	R 24 HRS. Min.
	o. USUAL OCCUPATION during most of worki	N (Give kind of working life, even if retired)	kind of Business or an home	INDU	STRY 11. BIRTHPLACE (Stole of Maryland	or foreign cou	ntry)		S.	F WHAT	COUNTRY
	FATHER'S NAME Samuel J.	Kinna				14. MOTHER'S MAIDEN N. Alice Gr						
15. Ye	WAS DECEASED EVER es, no, or unknown) 10	IN U. S. ARMED FOI f yes, give wor or dates of		SOCIAL SECURITY NO.	17. H		hill,	Woods		, Mo	1.	
	PART I. DEAT	TH [Enter only one of H WAS CAUSED BY: IMMEDIATE CAUSE (A	ne for (o), (b), and (c).] rteriosclevo	tic	Renal Dis	ierse			INTE	RVAL BE ET AND	DEATH
	Conditions, if ony, which gove rise to immediate (b) Arteriosclerosis deneralized									years		·s
	lying cause lost.	he under-	1 1	iahetes	m	ellitus					year	
CERTIFICATION	PART II. OTHI	ER SIGNIFICANT CON	iditions <u>c</u>	CONTRIBUTING TO DEAT	TH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE (CONDITION GIV	EN IN PAR	T 1(o) 1	PERFO YES	NO NO
		UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRE	D. (Enter nature of injury in P	art I or Part I	l of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Ye	20d. Il While of wor	Not while		ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)		r town)	(4	County)		(Stote)
	21. I certify the	at I attended the	deceas		2 leath	, 19.59, ta accurred at 11.45 P	10 / 4	19.5 7				
	ACTUAL SIGNATURE	chard C	. /	Rymolds				et, city or town,		ne du		TE SIGNED
	PHYSICIAN'S NAME (Type)	RICHARD	e.	REYNOLDS	<u></u>	FREE	PERICI	e, M.	0.			7
	o. BURIAL, CREMATION REMOVAL (Specify) DULL 31	10/7/19	59	Harmon	_		Frede		0.,		ylai	-
	FUNERAL DIRECTOR'S		Mid	dletown,	Md.		BY REGISTRA		TRAR'S SIG		E	

TO FUNERAL D VS A15 (4) 15M 9/55

TO HOSPITAL OR

hould be filed with

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

STOR: After this certificate has been signed by the attending physician and campletely filled

detached far use as the burial-transit permit.

Then please remave carbon papers.

event within 72 haurs after death.

A Commence of the Commence of	TORS CERTIFICATE OF DEATH	
	CHAIRMAN CHAIRMAN	
WOULD NOT THE TOTAL		
	A CALL STORY CONTRACT	
. Francisco	Carpenda & St. Carpella Section 1995	
		Contract Contract
Si unou riumbanies		ata dispullet Late, to

11395

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

22003	keg. Dist, No.
1. PLACE OF DEATH O. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE B. COUNTY Frederich
b. CITY OR TOWN (If outside corporate limits, write .c. LENGTH OF STAY IN 1b RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
Frederick Md lite	// Frederick
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION F. DURICK May Cri2 / Hosp.	1330 E. Church St. VES NO F
3. NAME OF DECEASED (Type or print) William E, Sum W	Last 4. DATE Month Day Year OF DEATH / D 24/ 19.59
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, eyen if relired) EMPloyee of Feed Mill Feed Mill	STRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? Fredorich
13. FATHER'S NAME Samuel Summars	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	NFORMANT Address
(If yes, give wor or doles of service) 214-10-2363	lden Brummera Frederick Md.
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	OTOLI ATO DEATH
Conditions, if ony, which) (b) Act to Rev	al Insufficiency 7 days
gove rise to immediate code (a), stating the under-lying couse lost.	ace Renal Inferet
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES - NO -
206. ACCIDENT WAS UNDERLYING CORECT OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 While Not while of work 10 of w	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
21. I certify that I attended the deceased fram. Det	19, 1959, to Cet 24, 1959, that I last saw the deceased
alive on Act 23, 1954, and that death	occurred at 2:30 AM, from the causes and an the date stated above.
SIGNATURE Charles S. Puteram	ADDRESS (Sireet, city or town, stote) Leob Leo Pl Fredorick Md
PHYSICIAN'S Charles Somerby	Putnem Jr. 10/24/5
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF BENOVAL (Specify) 10/27/1959 M. Olivet	CREMATORY 22d. LOCATION (City, town, or county) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

at on an	MTABO RO BE	ADMITTED CHITTETCA	
		Santak	
	ELA EL		
Sect Mr. Andrews			
ARCA LA			
		C TO COLUMN	
and the established by the second of the second			all foliable for the Chief L. 75
	MIS HANDS	1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

MASYLAND STATE DEPARTMENT OF HEALTH-BASTIMORE.

shauld

after

please

burial-transit

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No

,	-	
	16.63	1
1	103	1
	-	
)		

069

11384

Frederick	MARYLAND	o. STATE Maryland	(whiere deceased	b. COUNTY	Frede		
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) FPECETICK	LENGTH OF STAY IN 16	e. CITY OR TOWN (ate limits, write RI	JRAL and gi	ve nearest	tawn)
d. NAME OF HOSPITAL (If not in hospital, give street odd OR INSTITUTION Memorial Hosp		d. street address 732 Park				0	RESIDENCE ON A FARM? S NO
t. NAME OF DECEASED (Type or print) Beulah	M. Tho	mpson	4. DATE OF DEATH	10	th	Doy 11	Year 159
Female 6. COLOR OR RACE 7. MARRIED White WIDOWED	THE LEW WINKWIED	B. DATE OF BIRTH 11-18-189		63 (In years birthdoy) yrs.		YEAR IF U	INDER 24 HRS.
0a. USUAL OCCUPATION (Give kind af wark done during most af warking life, even if retired) House wife	ND OF BUSINESS OR INDUS	West V:				S.A.	AT COUNTRY?
3. FATHER'S NAME Michael Kidwi	lder	14. MOTHER'S MAIDE	_	Mary Lo	ng		
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)		nformant 's.Mary Co	oper,	Addr Bruns		Mary	rland
1B. CAUSE OF DEATH [Enter only one couse per line f PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO		F L.FE	MERAL	ARTE	Ry		L BETWEEN AND DEATH
	WERALIZED	FRIER	10 SCLE	120515		YEI	ARS

PART I. DEATH WAS CA	USED BY: E CAUSE (a)_	THROMBOSIS OF	LIFEMORAL ARTER	y 48 HOUR
260 X Canditians, if any, which	DUE TO	GENERALIZED	PRIERIO SCLEROSIS	YEARS
gave rise to immediate cause (a), stating the <u>under-</u> lying cause last.	DUE TO	DIABETES	MELLITUS	YEARS
PART II. OTHER SIGNIFIC	CANT COND	TIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPS PERFORMED?

20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, Day. Year 20d. INJURY OCCURRED 20f. (City ar tawn)

MEDICAL (County) (State) factory, street, affice bldg., etc.) a. m. While Nat while at wark p. m. at wark

21. I certify that I attended the deceased Ithat I last saw the deceased alive an that death occurred at M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state)

ACTUAL PHYSICIAN'S NAME (Type) ICHART NOCDO

220. BURIAL CREMATION. 22b. DATE THEREOF REMOVAL (Specify) Burial

22c. NAME OF CEMETERY OR CREMATORY Park Heights

22d. LOCATION (City, town, or county) Brunswick, Maryland

(State)

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS Brunswick, Maryland 24a. REC'D BY REGISTRAR OCT 1 6 '59 24b. REGISTRAR'S SIGNATURE arthur S. Krays

page 3 shau may be reto VS A15 (4) 15M 9/58

by the CTOR:

ATTENDING PHYSICIAN:

HTARDES EPARTH (MEDILLE SEE bearings and the same of ereter rever little bladframe der recept according to the second with all vast COUNTY IN A RECEIVED BY thur faural, enteredired execute a contract of the THE THREE PARTY AND ADDRESS OF THE area at the lateral trace. Same pharty (grand a basigmal to meet the same to be

s after death. If any delay is necessary, please exe	, 2, and 3 to the funeral director. Page 4 should b	ay be retained for your fil	I and 2 with the registrar prior to burjat, crematian	
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please exe-	cute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1,	farwarded the Chief Medical Examiner's Office along with farm PM3. Page 5 m	TO FUNERA RECTOR: Page 3 should be used as a burial-transit permit. File pages	or removal.
VS.	. A	9/	nt(55	2)

						NT OF HEAL			18	110	0
		- M	IEDICA DOC	AL EXAMII	NER'S	CERTIFICA	TE OF	DEATH	Reg. Dist.	No.	13
	PLACE OF DEATH	Frederic	ek			2. USUAL RESIDENCE	Where deced	- 1 50111	TV		
b	o. CITY OR TOWN (f outside corporate limits, v		c. LENGTH OF STA		c. CITY OR TOWN	0			lericl	
	Freder			40 yea			erick				
d		est Patric		ospital, give street add 301,	iress)	22IWest	Patri	ck Stre	eet	e. IS R	
-1	NAME OF DECEASED (Type or print)	Louis	First	Middle Dani	el	Tomlin	4. DATE OF DEATH	Octobe			ear 9 F
5. S	SEX	6. COLOR OR RAC	E 7. MARR	HED TO NEVER MARR	RIED B.	DATE OF BIRTH		9. AGE (in years last birthday)	IF UNDER 1Y	EAR IF UND	ER 24
	Male	White	WIDOW	ED DIVORCE	0	October I	4,187	9 80 yrs	Months Da	ys Hours	Min
10a. d	USUAL OCCUPATION MORE TO THE TENTE TO THE TE	ON (Give kind of war na like, even if retired Mill	rk done 10b. employ	KIND OF BUSINESS O	OR INDUST	Phila.		country)		A.	COU
13.	FATHER'S NAME	tink	non	لام		14. MOTHER'S MAIDEN	NAME	nin			
15. (Yes,	WAS DECEASED EV	ER IN U. S. ARMED (If yes, give war or dates	of condent	SOCIAL SECURITY N		Mrs. Phoebe	Mae	Addres	rederic	k Mars	7]a
		TH [Enter only one of the course of the cour		for (a), (b), and (c).]						interval between onset and deal of the control of t	EEN ATH
	Canditions, if c	iny, which	(b)								
TION	gave rise to imme (a), stating the cause last.	diate cause underlying DUE T	(c)	CONTRIBUTING TO DE	ATH BUT N	OT RELATED TO THE TER	AINAL DISEA:	SE CONDITION G	IVEN IN PART 1	PERFC	RME
ERTIFICATION	(a), stating the cause last. PART II. OT	diate cause DUE T	(c)ONDITIONS C			OT RELATED TO THE TERM			IVEN IN PART 1		
MEDICAL CERTIFICATION	(a), stating the cause last.	HER SIGNIFICANT CO	(c)	BE HOW INJURY OCC	CURRED. (Ed		nt I ar Part I		IVEN IN PART I(PERFO YES [RME
CAL CERTIFI	20a. EXTERNAL CAPRIMARY or CCAUSE OF DEATH. 20c. TIME OF INJU-Haur a. m. p. m. 21. I certify t	diate couse underlying DUE T HER SIGNIFICANT CO USE WAS NTRIBUTING RY Month, Day, 1 hat I took char	20b. DESCRII 20b. DESCRII Year 20d. White at way and the ge af the	BE HOW INJURY OCCURRED INJURY OCCURRED Nat while at work	20e. PLAC facto	nter nature of injury in Po	m, 20f. (Cit	I af item 18.)	(County	PERFO YES [NO (St
CAL CERTIFI	200. EXTERNAL CAPRIMARY or COLOUSE OF DEATH 20c. TIME OF INJU- Hour a.m. p. m. 21. I certify the death resulted ACTUAL SIGNATURE EXAMINER'S	diate couse underlying DUE T HER SIGNIFICANT CO USE WAS NTRIBUTING RY Month, Day, 1 hat I took char	20b. DESCRII 20b. DESCRII 20d. Whi at w ge af the all causes	INJURY OCCURRED IN Not white or work or work remoins describ X, Accident	20e. PLAC facto	ce OF INJURY (Home, fairly, street, affice bldg., elve, held an Autopoide , Homicia, ASSISTANT MEDICAL	m, 20f. (Cit sy, U e, U examiner	y or town) Inspection X Indetermined	(Caunty), Inquiry cause .	PERFO YES 1	(Si
MEDICAL CERTIFI	200. EXTERNAL CAPRIMARY or COLUMN or CAUSE OF DEATH. 20c. TIME OF INJUMENT or COLUMN or CAUSE OF DEATH. 20c. TIME OF INJUMENT or COLUMN or CAUSE OF DEATH. 21. I certify the death resulted of CAUSE O	HER SIGNIFICANT COUSE WAS NTRIBUTING RY Month, Day. That I took charge if fram: Natural B.O. Tho	20b. DESCRIP 20b. DESCRIP Year 20d. While at war and the service of the service	INJURY OCCURRED IN Not white or work or work remoins describ X, Accident	20e. PLAC focte ped abov	CE OF INJURY (Home, fairly, street, affice bldg., eve, held an Autopoide , Homicia , M.D. CHIEF MEDICAL ASSISTANT MEDICAL ASSISTANT MEDICAL CREMATORY	m, 20f. (Cit sy , e , U EXAMINER CAL EXAMINER 22d. LOCA	y or town) Inspection X Indetermined	(County) Inquiry cause ber 25 or county)	PERFOYES OF THE SERVICE SERVIC	(SI

AND THE PROPERTY OF THE PROPER	•	CATE OF DEATH	S CERTIF		ADIO	
April Apri					Mala malion	
The state of the s						
				CONTRACTOR OF		
				1=1=10		
A STATE OF THE PROPERTY OF THE				O BELLEVIA		
					THE COLUMN TWO IS NOT THE REAL PROPERTY AND	
		culous au 90 au Dere				
		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
		1999				
		Street, Brown of				
		and the second of the				

after death. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 have may be retermed by the haspital ar attending physician.

TO FUNERAL ECTOR: After this certificate has been signed by the attending physician and campletely filled in may be retained by the haspital ar attending physician.

D FUNERAL ECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and the registrar priar to burial, crematian, ar remayal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

TH

11398 Reg. Dist. No.

1417	CERTIFICATE OF	DEA
------	----------------	-----

o. COUNTY Fred	erick	MARYLAND	o. STATE	_ b. COUNTY	Frederick
b. CITY OR TOWN (I	f outside corporate limits, write	c. LENGTH OF STAY IN 16			URAL and give nearest town)
7 7 77	• 77 97	2 weeks	x Rural	Mversville	
o. COUNTY Frederick b. CITY OR TOWN (If outside corporate limits, write RURAL one RURAL ond give nearest town) Rural Myersville d. NAME OF HOSPITAL (If not in hospital, give street oddress) 3. NAME OF DECEASED (Type or print) Cora J. Married New Maryland DIVORCED 4. DATE OF BIRTH OF DEATH 10 9. AGE (In years loss) birthdoy) Fruit Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL one Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL one Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL one Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL one Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL one Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL one Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL one Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL one Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL one Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL one Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL one Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL one Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL one Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL one Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL one Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL one Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL one Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL one Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL one Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL one Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL one Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL one Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL one Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL one Marylan		e. IS RESIDENCE ON A FARM? YES NO			
DECEASED	~			OF	-/_
5. SEX .	6. COLOR OR RACE 7. MA	RRIED D NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
female	white wipo	WED DIVORCED	9/24/1892		Months Days Hours Min.
during most of work	ring life, even if retired)				12. CITIZEN OF WHAT COUNTRY
James Ja	ckeon		Sarah Ar	n Holmes	
		6. SOCIAL SECURITY NO.			ess
(Yes, na, or unknown)			erman S. Tor	ms, Myersvill	Le, Md.
Conditions, if o gove rise to it couse (o), stoting lying couse lost.	DUE TO ny, which hamediote the under. (c) HER SIGNIFICANT CONDITION	s <u>Contributing to death</u> bu'	T NOT RELATED TO THE TERM		EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	MEDICAL EXAMINER)				(County) (State
Hour o.m.	Whi	le Not while fo	ctory, street, office bldg., et	c.)	(County) (Stole
actual SIGNATURE PHYSICIAN'S	-12 , 19 Parles I. By	59, and that death	n accurred al <u>6:30</u>	PM, fram the causes and ADDRESS (Street, city or town,	d an the date stated abave stote) DATE SIGNED
220. BURIAL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY C			
23. FUNERAL DIRECTOR	1 10/1/1/	ADDRESS			
Gladhill		iddletown, Mo		OCT 2 0 '5	9 Calley S. Hime

HIMAGO TO STRUCTURED TO STRUCT A Charles Lead to the Special 등 그 소에 그 가다가 이 번째 그 그 세계가 하는 때문을 다 없게 했습니다.

10

VS A1S (4) 1SM 9/SB

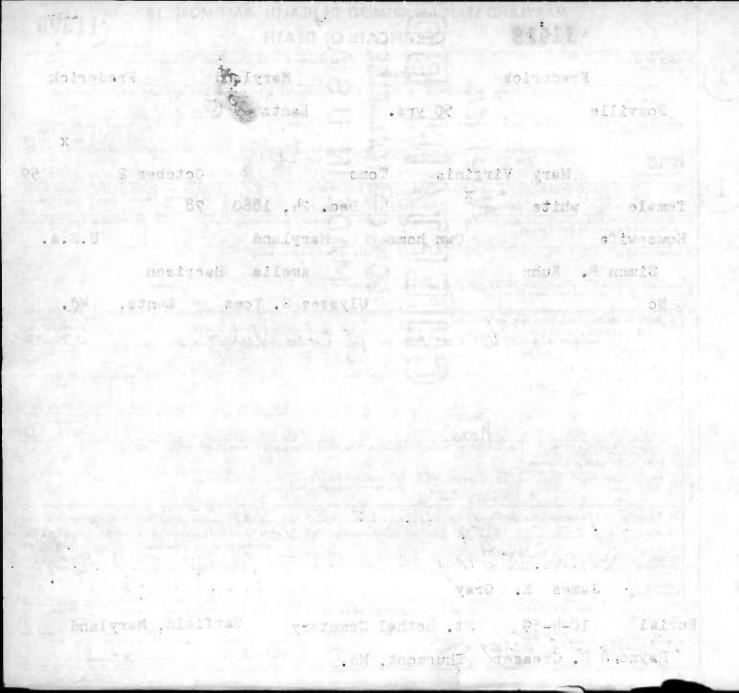
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11418

CERTIFICATE OF DEATH

11399

Reg. Dist. No.

_											
	PLACE OF DEATH a. COUNTY	Frederic	k	MARYL	- 13	a. STATE	Where deceased I	b. COUNTY		deric	
1	b. CITY OR TOWN (IF RURAL and give ne Foxvil)		, write	c. LENGTH OF STAY I		c. CITY OR TOWN (II	(1)	e limits, write RI	URAL and give	nearest taw	n)
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospitol, giv	re street (oddress)		d. STREET ADDRESS				ON	SIDENCE A FARM?
1	NAME OF DECEASED (Type or print)	Mary	Vir	Middle ginia	Ton	Lost 15	4. DATE OF DEATH	Octob		Day	Year 19 59
\$. S	female	2	7. MARR	NEVER MARRIE		Dec. 24.	1880	AGE (In years lost by thdoy) yrs.	Manths Do		Min.
I	Housewife	N (Give kind of work doing life, even if retired)	one 10b.	Own hom	ne	Maryla	and	ntry)	12. CITIZEN	U.S.	
13.	FATHER'S NAME	D. W. L.			190	14. MOTHER'S MAIDEN					
16	Simon	P. Kuhn	502 14	SOCIAL SECURITY NO.	INIE	Ame:	lia b	arriso			
(Yes	No No	If yes, give war or dates of serv	vice)	no.	-	lysses S.	. Toms	_	ntz,	Md.	
Z	Conditions, if an gave rise to in cause (a), stating I lying couse last.	n mediate he under- (c)_ (c)_	TIONS 6	CONTRIBUTING TO DEA		f	Y LLXIV			Wile was	AUTORCY
CERTIFICATION	PARI II. OIN	er significant condi	ITIONS	ONE	III BUI NO	T RELATED TO THE TER	MINAL DISEASE	ONDITION GIV	EN IN PART I	PERF	ORMED?
	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	Ob. DESC	TRIBE HOW INJURY OF	CURRED. (Enter nature of injury i	n Part I ar Part II	af item 18.)	'out		
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Manth, Day, Year	While	Not while of wark	20e. PLACE foctor	OF INJURY (Home, fo y, street, office bldg., e	orm, 20f. (City a	r town)	(Cau	nty)	(State)
	21. I certify the alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	James K.	12	and an		5, 19.5 9, to coursed out 15.15.1		2.519.54 e causes and et, city or town.	d an the d	ate state	
220 B1	BURIAL, CREMATION REMOVAL (Specify)	10-4-59	3	22c. NAME OF CEME Mt. Beth				field,	Mary	(Sto	ite)
23.	Raymon	mor h (W)	er	Thurmor		24a. RE	CT 5 2 '59		TRAR'S SIGN	1	



- 4	
1	
8	١
E EDI	I
8	
0	

TO MUSICILAL OF ALLESSONIES And Applied of the funeral director.

TO MUSICILAL RECTOR: A haspital or attending physician.

TO FUNERAL RECTOR: A haspital or an antificate has been signed by the attending physician and campletely filled.

The funeral programmer of the filled with page 3 show the detached for use as the burial-transit permit. Then please remove capton pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 77 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death; Page 4 VS A15 (4) 15M 9/55

1. 1	PLACE OF DEATH	derie	1	MARYLA	O STATE	CE (Where deceased I	b. COUNTY	Residence before odmission	n)
	b. CITY OR TOWN	earest town)	e limits, write	LENGTH OF STAY IN	0	NN (If outside corporo	e limits, write RUR	AL and give nearest town)	
	d. NAME OF HOSPI OR INSTITUTION		tol, give street od	dress)	d. STREET ADD	RESS LOGOT	designa	e. IS RESII ON A I YES [2]	ARM?
	NAME OF DECEASED (Type or print)	IDA	First	Middle A A E	VANTOSS	4. DATE OF DEATH	Month		ear 9.4-9
5. 5	SEX F	6. COLOR OR R	ACE 7. MARRIEI WIDOWED	DINEVER MARRIED		1885		UNDER 1 YEAR IF UNDER	24 HRS. Min.
L	touse u	king life, even if re	work done 10b. KI	ND OF BUSINESS OR	INDUSTRY 11. BIRTHPLAC	E (State or foreign cou	and	12. CITIZEN OF WHAT O	OUNTRY?
13.	FATHER'S NAME	a. B	iddin	ger	14. MOTHER'S M.	L Eare			
15. (Ye	MAS DECEASED EV	ER IN U. S. ARMED (If yes, give wer or do		AL SECURITY NO.	Mr. allan	W. Van For	sou W	rodstoro.	md
		ATH [Enter only of ATH WAS CAUSED IMMEDIATE CAU	BY: LAG	for (a), (b), and (c).]	mbosin			INTERVAL BET ONSET AND I	WEEN DEATH
	Conditions, if a gove rise to couse (o), stating lying couse lost.	ony, which immediate the under-	(b) (c)	tensale	itic cardy	varcular C	lueáre	10 njec	u
CERTIFICATION			conditions co	o lughe	BUT NOT RELATED TO THE	HE TERMINAL DISEASE (CONDITION GIVEN	IN PART 1(0) 19. WAS A PERFOR	MED?
	20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	MEDICAL EXAMIN	ATH	IBE HOW INJURY OCC	URRED. (Enter nature of in	njury in Port I or Port I	of item 18.)		
MEDICAL	20c. TIME OF INJU Hour o. m. p. m.	RY Month, Day	Year 20d, INJ While of work [Not while	le. PLACE OF INJURY (Hor factory, street, affice bi	ne, farm, dg., etc.)	r fown)	(County)	(State)
	21. I certify to alive an	hat I attended	the deceased		eath accurred at			that I last saw the code an the date states DA	
	PHYSICIAN'S NAME (Type)	AMES	ES	TONER,	Ju,				/
L	BURIAL CREMATION BENOVAL (Specify	Oct.	1EREOF 25, 1959	Chapel	Cemeters	ZZd. LOCATIO	Shiperty	tours, 7	nd.
23.	FUNERAL DIRECTO	Barte	in le	alkersy	. 10 - > 1	o. REC'D BY REGISTRATE		AR'S SIGNATURE	

. A. A. D.	CERTIFICAT	eraid	
		#C	
Totalian in the state of the st			
			STATE OF THE PERSON AS
The state of the s			
And a service of the			
			REMOTE Y
encologit on a Tribation of Laboratory and San			/ (0) vo 1 : 70 / (0) vo 10 in / (0) vo 10 in / (0) vo 10 in
		and the second	

		000					Keg. Dist. I	NO.
1. PLACE OF DEATH o. COUNTY FT	rederick	MAR	YLAND 2.	o. STATE Maryl	here deceased lived	l. If institution b. COUNTY	on: Residence b	efore admission)
b. CITY OR TOWN RURAL and give Frede	(If outside corporate limits, neacest town)	write c. LENGTH OF STA' Since-4/		c. CITY OR TOWN (IF	outside corporate li	mits, write R	URAL ond give	nearest town)
d. NAME OF HOSP OR INSTITUTION Maryland	old Fellows H	e street oddress)	1	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First ANNI	Middl E EDITH		Lost ACHTER	4. DATE OF DEATH	Mon	mober 1	Day Yeor 3, 19 59
s. sex Female	7871 2 . 1	MARRIED NEVER MARR		ATE OF BIRTH Sept 1866	las	3 (In years years) yrs.	Months Day	AR IF UNDER 24 HRS
during most of wo HOUSE—WC	ION (Give kind of work do orking life, even if retired)	ne 10b. KIND OF BUSINESS At Home	OR INDUSTRY	11. BIRTHPLACE (Stote)	12.CITIZEN	OF WHAT COUNTRY
Jacob E	Palmer		1	Matilda	C. Miller	•		
15. WAS DECEASED EV Yes, no, or unknown)	/ER IN U. S. ARMED FORCE 	16. SOCIAL SECURITY NO NONE		rmant yland Odd F	ellows Ho	me (S		item #1)
	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)_ DUE TO ony, which immediate g the under. DUE TO	e per line for (o), (b), ond (c) Coronary Thr		5			Ĉ	NTERYAL BETWEEN DISET AND DEATH 2 Hours
CATIC		TIONS CONTRIBUTING TO D	EATH BUT NO	T RELATED TO THE TERM	MINAL DISEASE CON	IDITION GIV	EN IN PART 1(c	PERFORMED? YES NO 1
3 20c. TIME OF INJU	G CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Month, Doy, Year	20d. INJURY OCCURRED	20e. PLACE	of INJURY (Home, for, street, office bldg., et	m, 20f. (City or to		(Coun	nty) (Stote
Hour o.m.	10	While Not while of work of work	lociory					
21. I certify to alive an	william M. S	Joseph and the	t death ac	curred al3:35F 4 E. Chur Frederick	ch St.	causes an	d an the do	aw the deceased at the stated above DATE SIGNET CT 1959
220. BURIAL, CREMATI	ON, 22b. DATE THEREOF 10-17-59	Mount O		Cemetery	22d. LOCATION Freder:		or county) aryland	(Stote)
23. FUNERAL DIRECTO	r's signature chison & Son,	Frederick, M	arylan	d 240. REC	OCT 1 9 59	24b. REG	STRAR'S SIGNA	PURE

may be retained by the haspital ar attending physician.

S FUNERA RECTOR: After this certificate has been signed by the attending physician and campletely filled in y the funeral director, page 3 sharing be detached far use as the burial-transit permit. Then please representation papers. Pages 1 and 2 shauld be filed with * after death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hors ir death. page 3 shaord be detached for use as me containing page 3 shaord be detached for use of the registrar prior to burial, cremation, or removal, and in any event within 72 hours after registrar prior to burial, cremation, or removal, and in any event within 72 hours after registrar prior to burial. may be retor VS A15 (4) 1SM 9/SB

N

A STATE OF THE STA			
Telember 7	Lasteria		Appropriate 1
	an talk your		
		0.00	
e north Russelland		The state of the	
	The sources of		Milde Contact
	Day of the last	operation a	
*11			THEFT ST SECRET
	matter for the for	pro prote	
		activati annopi	
	5 pg 18846 mg/km	Ang You Bear	
35 T T			12 2 Th
	• •	* * *	C . N. THILDE. VARIED.
		v	N-M-SI

VS A15 (4) 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11402

1420			Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY-		2. USUAL RESIDENCE (Where deceased live a. STATE	ed. If institution: Residence before admission)
TREDERICK	MARYLAND	MARULAND	b. COUNTY-REDERICK
b. CITY OR TOWN (If outside corporate limits, w RURAL and give nearest town)	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate	limits, write RURAL and give nearest tawn)
BRADDOCK HTS.	604135	X ORANDOCK HTS	
d. NAME OF HOSPITAL (If not in hospital, give a OR INSTITUTION	street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
RKADDOCK HTS.	MD '	BIGADDACK HTS	YES NO
3. NAME OF DECEASED (Type or print)	Middle	White OF DEATH	Manth Day Year Oct 21 1959
5. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. A	GE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Mule white WII	DOWED DIVORCED	- UNE -7-1860	(a) birthday) Months Days Hours Min.
Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106. KIND OF BUSINESS OR INDU	TRY 11. BIRTHPLACE (State or foreign country	y) 12. CITIZEN OF WHAT COUNTRY
RETIREN SALESMAN	THOURMIGH BRED H	MRES CRAND VA	ALLEY DA U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
AMOS WHIT	E	HARRIET	FENTON
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service		NFORMANT	Address
NO	NONE NI	B. JEAN W. BAST	BRADDOCK HTS. NID
18. CAUSE OF DEATH [Enter only one cause	per line for (a), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g)	B much	many oria	ONSET AND DEATH
332 X DUE TO			
Conditions, if any, which) (b)	Cerebra	I Thomas 6	sous Tournth
gove rise to immediate carse (a), stating the under-		- 1 ('1-	
lying couse last. (c)	agneraly	jul arterist	usis (year
	ONS COM RIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CO	
TY I			PERFORMED? YES NO 7
PART II. OTHER SIGNIFICANT CONDITION 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CON	DESCRIBE HOW INJURY OCCURRE	O. (Enter noture of injury in Part I ar Part II a	
OF CONTRIBUTING LI CAUSE OF DEATH			
3 20c. TIME OF INJURY Month, Day, Year	20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or t	awn) (County) (State)
	While Not while for	stary, street, affice bldg., etc.)	
		10[3 . 6.734	.76
21. I certify that I attended the de		1963, to 0 4 2-17	, 1955, that I last saw the decease
alive an Dut 29	1945 (, and that death		e causes and an the date stated above
ACTUAL C	1/2	41 (DORESS (STREET,	city or lawn, stote) DATE SIGNE
SIGNATURE C	- Mi M	M.D. / Cless	muss (5-2/5)
PHYSICIAN'S Thomas	E. STEN	E	38.0a ************************************
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c NAME OF CEMETERY O	CREMATORY 22d LOCATION	(City, town, or county) (State)
ENTOMISMENT Not 30. 1959	BOONSBORD M	AUSOLEUM BOOMS	BORD WASH, CO.MD
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY REGISTRAR	24b. REGISTRAR'S SIGNATURE
a Jahn HI Bast	1000 NISBORD A	DATENOV 3 '59	Cinna & Freunt

At 1 b 7 1	HTABE TO BY	TLAZO CERTIFICA	
	Table Table		miero il
		or chaot have it to be a set of	
		The second secon	
			PERSONAL TO
		Control in the large limit and large in the street of the	
		and the second second and despite a second	
Magnaphora (AMT Program)			

		1142		STATE DEPAR		TE OF DEA		-BALT	IMORE, 1	Reg. Di	_	14	03
1. PLACE	OF DEATH	1146				2. USUAL RESIDENC	CE (Where	e deceased	lived. If institution			e admis	sion)
a. CO	UNTY	rederick		MARYLA	ND	o. STATE	vlai		b. COUNTY	-			
b. CIT	Y OR TOWN (IF	outside corporate limi	ts, write	c. LENGTH OF STAY IN	1Ь	c. CITY OR TOWN	47		ote limits, write R	Fred URAL ond			n)
9 0 0	RAL ond give needed and let co			3 month	10	× Midda	atos	ימיי					
d. NA		AL (If not in haspital, g	jive street		10	d. STREET ADDRE		WII				ON A	SIDENCE A FARM?
. NAMI	E OF	Fie	st	Middle		Lost	4	. DATE	Man	th	Day		Year
DECE	or print)	Geo		P.		Wiles		OF DEATH	10		1	_	19 50
. SEX			0	RIED NEVER MARRIED		. DATE OF BIRTH			9. AGE (In years	IF UNDER	-		-
me	ale	white	WIDOW			1.17/786	2		fost birthday) 96 yrs.	Months	Days	Hours	Min.
a. USU	IAL OCCUPATIO	N (Give kind of wark	done 10b.	KIND OF BUSINESS OR I	INDUS	TRY 11. BIRTHPLACE	(State or	foreign co		12. CIT	IZEN OF	WHAT (COUNTRY
		ing life, even if retired er, ret.)	farm		Ohio					U.S		
	ER'S NAME			- 002 510		14. MOTHER'S MAIL	DEN NA	ME		1			
Th	omas V	liles				Barba	ra s	Shib	bitti				
5. WAS	DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	IN	FORMANT	- 00 1		Add	ess			
no. or		If yes, give war or dates of s	ervice)	none	Geo	rge E. W	ile:	s. M	iddleto	wn.	Md.		
C a g o	nditions, if an ve rise to in se (a), stating t ng couse lost.	nmediate (0									
NO INC.	PART II. OTH	er significant con	DITIONS	CONTRIBUTING TO DEATH	H_BUT I	NOT RELATED TO THE	TERMINA	AL DISEASE	CONDITION GIV	EN IN PAR	RT 1(o) 19	PERFC	AUTOPS DRMED?
OR (CONTRIBUTING	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED	. (Enter noture of inju	ury in Pai	rt I or Port	II of item 18.)				
20c.	TIME OF INJURY Hour a.m. p.m.	Month, Doy, Ye	ar 20d. I While of war	Nat while		CE OF INJURY (Home ory, street, office bldg		20f. (City	or town)	(County)		(Stot
	re on O	at Lattended the	deceas , 19		eath	accurred at	AN		the causes an	d an the		stated	
	NATURE	4-4	111	1 Harp	A	1.D	M	rai	eracor	2	10	-19	-57
PHY:	SICIAN'S DI	. J. Elm	er H	arp		Mie	ddle	etow	n, Md.			D die die die die die di	
REM	IAL, CREMATION OVAL (Specify)		9 59	22c. NAME OF CEMETE Lutheran		crematory	2		TION (City, town, odletown			(Sta	te)
3. FUNE	RAL DIRECTOR'S	SIGNATURE		ADDRESS			. REC'D		RAR 24b. REGI			E	
Gl	adhill	Company	. Mi	ddletown.	Md	e DAT	TEOCT.	2 1. '59	0 31	Lua 9	4		

2 should be filed with he funeral director, by the hospitol or attending physician.

CTOR: After this certificate has been signed by the attending physician ond completely filled in eletached far use os the burial-transit permit. Then please remave carbon popers. Pages 1 are to burial, cremation, ar removal, and in ony event within 72 hours after death. poge 3 shound be the registrar prior Moy be retoring to Hospital of West (4) 12 FUNERAL Shows

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

after death. Page 4

MASSE CREMENT OF BEAUTI The state of the s

11422

CERTIFICATE OF DEATH

Pag Dist No

11404

		700			Reg. Dist.	110.
PLACE OF DEATH a. COUNTY	FREDERICK	MARYLAN	II O STATE BEATS	Where deceased lived. If it Y LAND b. CC	institution: Residence I DUNTY	before admission)
b. CITY OR TOWN ((If outside corporate limits, w	c. LENGTH OF STAY IN 1	c. CITY OR TOWN (// FREDERIC	If outside corporate limits,	write RURAL and give	nearest fown)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give s		d. STREET ADDRESS BRADDOCK		RYLAND.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	BAISY MARION	ISABELLE WINK	Lost	4. DATE OF DEATH OCT	Month ober 28	Day Year 1959
5. SEX Female	307-11-	MARRIED NEVER MARRIED DOWED DIVORCED	7 71	1.885 9. AGE (In lost birth	hday) Months Da	EAR IF UNDER 24 HRS. Hours Min.
100. USUAL OCCUPATI during most of wor HOUSOW	ON (Give kind of work done rking life, even if retired)	10b. KIND OF BUSINESS OR IN homemaker	DUSTRY 11. BIRTHPLACE (SM Frederi			N OF WHAT COUNTRY
13. FATHER'S NAME	Jacob Frankli	n Thomas Grove	14. MOTHER'S MAIDEI	Thompson		
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service		Cleveland T	• Grove	Address 479, W. Pa	trick St.
CATIC	ony, which immediate to the under- (b) DUE TO (c) CHER SIGNIFICANT CONDITION	Malmatri Ochributing to Death Toster	Then A arthute BUT NOT RELATED TO THE TEL	V	ON GIVEN IN PART 1(Moutuments Me Year of 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTION (IF EITHER, NOTIFY 20c. TIME OF INJU Hour o. m.	G CAUSE OF DEATH Y MEDICAL EXAMINER) RY Month, Day, Year	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury PLACE OF INJURY (Home, for factory, street, office bldg.,	orm, 20f. (City or town)	18.) (Cou	nty) (State)
	Ho LAWRENCE	ceased from act. 1959, and that de	22, 19, 59, to oth accurred at 3:	ADDRESS (Street, city of E Second	uses and an the	t saw the deceased date stated abave DATE SIGNED (0-78-7)
220. BURIAL, CREMATIC REMOVAL (Specify BURTAL	10/31/591		Y OR CREMATORY CEMETERY	22d. LOCATION (City, FREDERICK,	town, or county) MARY LAND	(State)
DATLEY'S	FUNERAL HOME	ADDRESS FREDERICK, 1	CATORET ARTO	NOV 3 159	arthur S. #	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL COR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 shaw the detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filled with the registrar prior to burial, cremation, or remanal, and in any event within 72 haurs after the pages. VS A1S (4) 1SM 9/5S

0

get a sugar				
SM-MILES CONTRACTOR				
		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Education 28		and stances	, e de la companya de	
77	the case of the		of the sound	elala
	. No soluntes	, ⁺	don	rec roll
	age of a state	evoral upscrift	ullanaa's goods	
to doison a character st	erong . I hasleveld			C
			THE STATE OF	
	HARRIE			
	17 J. Seden	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	e kerterna a	
Secretor Letter 14 get 14	The part of the first	e de la constant	tent bang	t T

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	HTARO TO I		
da trabagi mes	Direct Wiley	CHATTENIA	mesapul.
		2	.,
***		Land to ac	
		out such a via	
			stim le Maria
	San Lyelli		
	Liberals out		navod blycu
drawing, March	noticall H .		0
			The file of the control of the contr
			0 mm
		Limed volly on Mrs	
	Carlotte Control of the Control of t	n Live in	
and the second s	Promise Same		omera est kaluerito (melle cilitari (melle cilitari). Pit
			The second second
backtan , Jackta			27-2-11
HUTAULU (SALIMINI AL		The good, He.	